Title: Emerging Practices of Action in Systemic Therapy: How and Why Family Therapists use Action Methods in their Work.

Name: Chip Chimera

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Chip Chimera

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Emerging Practices of Action in Systemic Therapy:

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By

Chip Chimera

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How and why family therapists use action methods in their work

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ABSTRACT

This thesis sets out to explore the processes involved when family therapists decide to introduce an action method into a therapy session. Action methods are defined as therapist led physical activities which are introduced into the session for the purpose of enabling the healing of relationships.

The literature is examined in relation to connections between family therapy approaches using action and psychodrama psychotherapy relation to work with families and couples. Literature which integrates the two approaches is identified.

The core of the study is composed of five interviews with experienced and senior family therapists about how they use action with clients in sessions. It focuses on the beliefs, behaviours and actions which are present at the moment the therapists decide to use action.

The interviews examine the therapists' training and current practice culture, their guiding beliefs and principles about the use of action and the theories on which they have drawn in considering the implementation of action methods. Participants were asked to describe an episode of action by giving a verbal account as well as undertaking a sculpt of the episode using 'small world' figures. The interviews were transcribed and analysed using a unique approach blending psychodramatic role analysis (Williams 1989) with the Coordinated Management of Meaning (CMM) (Cronen and Pearce 1985) a communication theory approach used by systemic psychotherapists.

The findings indicate that systemic therapists do not have one overarching theoretical approach to using action in therapy, but draw on a range of different models which may be derived from different systemic approaches. The findings further indicate that theories of action which include neurobiological information processing and embodiment are introduced into systemic trainings as important in understanding how action methods impact on individuals and families.

A format for therapists to evaluate their use of action methods is proposed for use in supervision or training. It follows the format that is used in the analysis, using psychodramatic role analysis and a CMM hierarchical structure which proposes opening space, spontaneity and playfulness as markers for the culture, identity and relationship levels of the analysis.

DECLARATION

I declare that this thesis is my own unaided work. It is being submitted for the degree of

(name award) at the University of Bedfordshire.

It has not been submitted before for any degree or examination in any other University.

Name of candidate: Kathleen Chimera Signature:

Date: 13th June 2015

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This thesis represents a journey which started many years ago and it is impossible to thank everyone who contributed to my learning in the adventure of action methods. However it would not have been possible to get to this point without the concerted help of a number of people. In particular I would like to thank Mario Cossa, my psychodrama friend, conspirator and inspiration; the 'three graces' Barbara McKay, Sharon Bond and Arlene Vetere gave me very honest and at times painful feedback but never flagged in their support; Zerka Moreno and Marcia Karp for their generosity of time, energy and enthusiasm for psychodramatic family therapy; my supervisor Michael Preston-Shoot; my students at IFT who have been willing to 'have a go' for the last 15 years; and of course my family who got very used to hearing me say 'Just a minute, I'll be there in a minute' - Emily Giola, Stuart Redknap, and the grandchildren - Maria Lily, Harrison and Sienna.

Table of contents

List of Tables

List of Figures

List of Illustrations

Chapter One

Introduction to the study

1.1 Prologue

The use of Action Methods in Family Therapy

My interest lies in how family therapists use physical action in their work with families: how they ask families to move in the session. This journey has constituted a sharp upward learning for me and has challenged some strongly held beliefs.

Some years ago when I was on my 'high horse' complaining that systemic therapists seemed to borrow a lot of technique from psychodrama but rarely if ever reference it, a chance comment of a colleague got me to thinking. He said he was sure there must be a distinctly systemic way of doing it (using action). So after that I started paying closer attention and asking myself 'is there a distinctly systemic way of using action?'

The journey that was started then involved many changes of horse from the high one I was on. To borrow the metaphor from one of my participants (T5) the journey has not been down the motorway from point A to point B. There have been many 'B' road detours, a few dead ends and several very interesting lay-bys. I tried many different modes of transport and ran out of fuel more than once. The high horse was put out to grass very early on. It has been an interesting, frustrating at times and sometimes arduous journey.

This leg of the journey began when I joined the doctoral programme at the Kensington Consultation Centre (KCC) in autumn 2008. I wanted to immerse myself in systemic thinking with regard to this issue. I had for many years been interested in how other family therapists use action in their therapeutic work. I have also run a number of workshops in relation to the use of action techniques in therapy. In May 2009 I led a workshop for the Kent branch of the Association of Family Therapy (AFT) entitled 'Befriending your Creativity'. At that workshop, which was attended

mainly by family therapists, participants kindly agreed to fill in an 'action questionnaire' which I had constructed to enquire into the extent to which the family therapists attending the workshop used action in their work.

The questionnaire is included as an appendix to this thesis.

The analysis of this simple questionnaire showed three things:

- that overwhelmingly family therapists participating in the workshop did use action methods and
- that the majority of the respondents had received very little specific instruction on the use of action or action methods during their training,
- that there was no one overarching systemic theory or philosophy from which the systemic psychotherapists drew in relation to the introduction of action methods by the therapist into the session, but many.

It could be argued that the selection of this particular group, who were attending a workshop on the use of action, would skew the results which would differ had I applied it to a more generic group of family therapists. Nevertheless it gave me the impetus to explore more fully the process by which trained and experienced therapists choose to employ action in a session.

I have not found one distinctly systemic way of using action: there seem to be many distinctly systemic ways of utilizing dramatic action in the therapy room. There are of course some common threads and some uniquely individual ways family therapists have of using action.

Three overarching fundamental questions guided my process in this study:

1. Is the way systemic therapists use action in their work with families coherent in respect to their beliefs, feelings and behaviours in relation to the task of therapy?
2. Is it ethically sound and how do therapists assess this?
3. Is the introduction of action methods consistent with a collaborative, social constructionist, systemic approach?

1.2 The beginning of the journey

The journey which has brought me to this point probably started long before the events I will outline here. However I am choosing to punctuate it in this way. These events represent something of the prefigurative influences (Pearce 1989) which impelled me to choose to study the use of action in family therapy.

It is 1986. I am a social worker in south London with families who are at risk of losing their children due to child protection concerns. I am in my second year of family therapy training and I am acutely aware of my own therapeutic needs, my awareness having been raised through the material we are studying. My friend and colleague, a psychiatrist working in the borough, is training in psychodrama psychotherapy and has invited me to join his training group 'for personal and professional growth'. I have been in individual therapy for about six months and am sufficiently aware of my story to begin to make sense of it intellectually. Psychodrama, however, is a total revelation and fits very well with the systemic approach I am learning. Through attendance at the group my personal and professional development undergoes profound changes.

Now it is 1992. I have just achieved my MSc in Family Therapy. I have my dream job of managing a therapeutic multi-disciplinary day service for families. No more removing children – now the focus is on actually helping families to change sufficiently to have meaningful and satisfying relationships and ensure adequate development of all the members of the family system. My systemic aim, and that of the multi-disciplinary team, is to integrate a number of modalities of treatment into one coherent approach.

Fast forward to 1995, I begin training to become a psychodrama practitioner. Learning this new modality is exciting and although there are new terms to learn and different emphases, I am continuing to appreciate its fit with my cherished systemic approach. The philosophy and concepts of psychodrama are sympathetic with systemic thinking. For some time I have been 'creeping' psychodramatic techniques into my work with families, even during my systemic training, having had a creative and

encouraging supervisor. Nevertheless I felt I was doing something subversive, not allowed: there was a clandestine character to my practice. This was at a time in systemic practice when a therapist being 'directive' in the session was heavily frowned upon. Except in supervision I didn't talk much about using action in family therapy. Even then I was somewhat guarded. The so called 'first order' (Dallos and Draper 2000) therapies were heavily criticised for taking an 'expert position'. Feminist approaches, which I also strongly supported, seemed to disapprove of the overt use of therapist's power in any situation.

I had always been keen to develop my training skills and had worked for two years in the training department of the local authority. I used action methods in training and acquired a number of free-lance training appointments in addition to my main job. Two years later and my well-functioning and highly successful multi-disciplinary team made a perfect 'cuts package'. The unit was closed and I was offered redeployment – to manage a child protection team of social workers. Not wanting to return to that kind of practice I fought for and achieved 'voluntary' redundancy.

Shortly thereafter, in 1997, I applied for a teaching vacancy at the Institute of Family Therapy. Thus began the current and most satisfying phase of my career. I am able to combine teaching with an independent family therapy practice. Whilst my core career is as a family therapist and systemic trainer, I have a continued interest in psychodrama, am a founder member of the London Psychodrama Network, and continue to run a monthly group. I have also undertaken further training in supervision using psychodrama and action methods and am a registered supervisor with the British Psychodrama Association.

For many years, although I crept various psychodramatic techniques, such as role reversal into my family therapy practice, I seemed to keep the two approaches as separate and distinct.

I was well aware that some models of family therapy, such as structural and narrative, had specific forms of action methods as central techniques (Minuchin and Fishman 1981, Michael White 1988). John Burnham had included two chapters on use of action in his foundational introductory text (Burnham 1986). However, as stated earlier, it was my understanding that these methods were no longer in favour. Later I had some mild surprise when well respected family therapists such as Karl Tomm (Tomm et al 1998) introduced 'interviewing the internalised other' as this is a technique very close to role reversal, a core concept in psychodrama practice. Tomm seemed unaware of psychodrama. I was aware of only a small body of literature which promoted action methods in family therapy, and even less which integrated psychodrama and family therapy (Farmer 1995, Williams 1989)

I began asking other family therapists what they do with regard to action in sessions. I discovered that nearly every family therapist I speak with employs some form of action: most people do it! (Chimera 2013) Not many merely talk about action with families.

I then became curious about what theories people apply when using action, and how they have learned the application. How did family therapists fit action into a second order systemic practice in a way that fits well with the philosophy of collaboration, non-expertise and the non-directive position adopted by the profession?

I am passionate about both family work and psychodrama. I have come to find out that there are many psychodramatists who work with couples and families without the benefit of systemic training. It seems Moreno, the creator of psychodrama, was a natural systems thinker; he worked with families and couples from very early in his practice. He also taught his students about family work but little of this has made it into writing by other mainstream psychodramatists. There are also many family therapists who use action without having had much training in the theory and practice of action methods.

In researching this project I learned a number of interesting facts. Firstly Jay Haley, who was one of the original Bateson Group researchers, obtained his first degree in theatre arts. He had written a play and in 1948 he moved to New York in order to try to make a successful career of play writing (Sykes Wylie 2014). At that time in New York the J.L. Moreno, the creator of psychodrama, and his wife and collaborator, Zerka, were having nightly sessions at the Impromptu Theatre, off Broadway. I can find no documentary evidence of Haley and the Morenos having crossed paths. However, it is tempting to believe that someone with the resourcefulness passion and commitment of Haley must have encountered J L and Zerka Moreno.

Secondly, another member of Bateson's Palo Alto research group was William Fry. He had a particular interest in the therapeutic value of humour. Though not directly related to psychodrama he was interested in the way enactments of metaphors, jokes and absurdities might augment and indeed inspire therapeutic change. (Fry 1963, 2010)

Thirdly Nathan Ackerman, one of the founding fathers of family therapy and a strong influence on the young Salvador Minuchin, was a frequent visitor to the Morenos' theatre in New York and occasionally was a guest director (M Karp personal communication). Ackerman also wrote a comment in Moreno's second volume of The Foundations of Psychodrama.

> "At least in certain quarters mental health is now viewed as a phenomenon not restricted to what is inside a person but as something to be evaluated between persons, in the group life of the family, and in the structure of social relations in the entire community." (Ackerman in Moreno 1959 p28)

Carl Whitaker, another well-known early pioneer of family therapy, was a friend and colleague of 'Jake' Moreno (Whitaker is the only person who I have ever heard refer to him as 'Jake' – to other mortals he was always 'J.L.'). Whitaker makes reference to this in his 1985 discussion of Zerka

Moreno's presentation at the Evolution of Psychotherapy Conference in 1985 in Phoenix, Arizona. (Zeig, 1985 p359)

1.3 Action in Family Therapy

Contrary to my original expectations it is very clear that family therapists have used action purposefully in therapy from the very inception of the profession and continuously throughout its development. There seems to have been an instinctive understanding that getting families to 'do it', whatever the 'it' might be, would augment the healing process. However in the development of practice following the early years, often referred to as 'first order' family therapy (Carr 2001) there has been reluctance to use therapist directed enactments. Some have questioned these as an abuse of power and not consistent with collaborative practice. I hope to challenge those views.

More recently specific models have been developed which have therapist led action at their heart as a healing procedure. (Greenberg and Johnson 1985 and 1988, Dallos and Vetere 2009) The intention here is to develop an approach to using therapist led physical action which is consistent with a systemic approach no matter which model or specific approach is employed.

1.4 Overall aims of the study

In this study I aim to undertake a number of tasks. Firstly I will review the literature of action methods in family therapy. This is quite a task as some form of action method is used in most approaches. I will define the scope of the project and apply a particular definition of action.

The literature review also aims to show how psychodramatists have used action in family and couple work and where the two approaches have been integrated.

I then look at how family therapists use action methods in their work. I have interviewed five family therapists who have a minimum of five years post qualification experience. The interview asks the therapist to describe

an episode in which they have used action in the therapy session and make links to their own training and theoretical connections.

Finally I will explore and assemble the current theory bases for the use of therapist directed action methods in systemic practice. This includes theories regarding embodiment, neurobiological approaches, and philosophical thinking about action and meaning. My goal is to synthesize an understanding of the use of action methods in systemic family therapy that is consistent with a contemporary systemic approach and may help educators and supervisors.

I have used the Coordinated Management of Meaning (Cronen and Pearce 1985, Pearce and Cronen 1980, Cronen 2001, Pearce 1994, 1999, 2007, Pearce and Littlejohn 1997) as my research tool and this has also entailed a steep learning curve which has been both frustrating and rewarding.

Having put the high horse out to pasture and I am now getting on with integrating the learning from having undertaken this study into my practice.

Chapter Two

Literature Review

2.1 Introduction

This literature review has, in some ways, provided the biggest challenge to the thesis. Deciding which literature is relevant has presented me with some conundrums.

At the beginning of the study I was keen to examine three areas of the literature in order to:

- compare psychodrama and systemic family therapy in relation to four main action techniques prevalent in systemic family therapy which have strong resonances in psychodrama. These are: sculpting, enactment, internalised other interviewing, and externalisation.
- examine areas of overlap between the two psychotherapeutic approaches.
- discover evidence of 'cross-fertilisation of the two approaches, how each has impacted on the other.

Indeed that is what I set out to do. That part of the journey is detailed below.

However, as my research progressed I realised that my main area of interest is in what happens in the moment which impels the systemic therapist to initiate action. I am not so much interested in what the therapist does but what knowledge and beliefs impel the decision to move into action.

One further piece of systemic writing that has been a main influence and is related to this is John Burnham's paper "Approach, Method and Technique" (1992). This has provided me with an overarching framework. This is relevant as I have used the Coordinated Management of Meaning as my research methodology. The literature on that is further elaborated in the methodology section.

2.2 Definition of action and action methods

For the purpose of this thesis I am defining action and action methods as ***therapist led actions which are integrated into the session in the therapy room for the purpose of enabling the healing of relationships.***

The term 'action methods' is often used to describe any therapeutic action which goes beyond talk only. This may involve playing specific games, using art and drawing, structured exercises, enactments etc. The terms 'action methods', 'use of action', and 'action techniques' are used interchangeably. My definition also includes spontaneous physical interactions of therapist and client, such as described by some experiential systemic therapists. For instance, Carl Whitaker undertaking a wrestling match with a teenage client during a family session (Napier and Whitaker 1978 p.176) would be considered 'action' for this study.

How action methods are defined in the literature varies. In a special edition on work with families and couples, Dan Weiner and Laurie Pels-Roulier (2005), reviewing action methods in family therapy in the Journal of Group Psychotherapy, Psychodrama and Sociometry, distinguish between action methods which use dramatic reconstruction and others. They cover individual, family group and group psychotherapy as well as family therapy. They state that action methods are often used for assessment rather than intervention, an assertion with which I might argue as I believe they are helpful for both but perhaps in different ways. However, they note that assessment and treatment are often reciprocal.

Referring to Johnson's (1992) definition of 'play space' in therapy, Weiner and Pels-Roulier quote her definition of it as "an imaginal realm, consciously set off from the real world by the participants, in which any image, interaction and physical manifestation has a meaning within the drama" (p.87). This is strongly linked to Bateson's writing in A Theory of Play and Fantasy (Bateson 1972) where he examines the communication elements in play and threat. Bateson asserts that where potentially threatening communication such as fighting is accompanied by a meta-communication 'this is play', it changes the meaning of the action from

aggression to play. The context of therapy itself may carry the message 'this is play at certain times when exploration is high.

The idea of 'play space' also relates strongly to Moreno's notion of 'surplus reality' (Moreno, Bloomkvist and Rutzel, 2000) which similarly is an imaginal realm in which anything can happen and is used to create a healthy and reparative experience in psychodrama.

In the field of child psychoanalysis Donald Winnicott (1965/ 1990) has brought the idea of the therapy space itself as providing a holding environment within which 'reality' might be explored in a safe and containing way. He also highlighted the importance of play for therapeutic growth.

Integrating Winnicott's ideas into psychodrama, Paul Holmes (1993) includes an entire chapter on play space in which he stresses the importance of the development of the capacity to play. He also emphasises the importance of creating a therapeutic space where the client feels able to take risks.

John Byng-Hall (1995) develops this for systemic practice in the idea of creating therapy as a secure base in which families will feel 'free enough to improvise.' All of these ideas have resonance with this thesis.

2.3 The literature search methodology

I searched psychinfo for family therapy literature which included action methods, using key words psychodrama, action methods, enactment, and experiential family therapy. My search revealed seventy three articles of which fifty one appeared to be relevant.

I also searched the international psychodrama bibliography (http://www.pdbib.org/). 'Family therapy' yielded forty results of which nineteen were relevant. A number were excluded because they were foreign language publications, mainly Spanish and German. Others were excluded because they included other therapeutic modalities such as play therapy,

gestalt therapy, Jungian analysis, etc. I also excluded multi-family therapy on the basis that it is still a relatively specialised field and although action methods are used, I believe there is now training in the Marlborough method which has been manualised. I am interested in more spontaneous approaches. In the same data base I searched for 'couple therapy which yielded a further eight references. Three of these were relevant, the other five having been published in non-English-speaking journals.

I then devised a form for further organising the literature by identifying

- the period in which they were written in family therapy history,
- the themes which emerged,
- theoretical connections and
- other references to follow up.

2.4 Exclusions from the literature review

Here I am focusing on interventions which involve the physical movement of the participants in the room. I am excluding enactments which take place outside of the session, such as rituals and tasks, which may be prescribed by the therapist (Imber-Black and Roberts 1992). I am also excluding art therapy interventions, sand tray and genogram work.

There is also a significant literature on the use of role play, a term coined by Moreno (Moreno 1953, 1993), in family therapy training and supervision. This is also omitted from this review, except in relation to the very limited research into using action methods in systemic training which I have found. With regard to supervision, two pieces of literature deserve mention here. The first is Anthony Williams' integrative book *Visual and Active Supervision* (Williams 1995). Being trained in psychodrama and strategic family therapy, Williams provides a guide to supervision which reaches psychological depth and is helpful to trainees and experienced therapists alike.

More recently Hannah Sherbersky, a family therapist with psychodramatic leanings, has written an integrative and useful chapter in Creative

Supervision across Modalities (Chesner and Zografou 2014.) That chapter is discussed in more depth below.

Although it was my original intention to examine all four of the main *in session* action method techniques in systemic therapy which are therapist directed and which, I believe, have direct links with psychodrama - sculpting, interviewing the internalised other, enactment and externalisation – I have limited my discussion to sculpting. The reason for this is that sculpting is possibly the oldest action method brought into systemic therapy and it can be used in any model of family therapy. The other three methods are linked to specific models of family therapy:

- enactment to structural family therapy (Minuchin and Fishman 1981)
- externalisation to the narrative model developed by Michael White (1989) and
- interviewing the internalised other is linked to post Milan approaches. (Tomm, Hoyt and Madigan 1998, Burnham 2000)

Originally it was my intention to look at the overlaps, similarities and distinctions between the psychodramatic application of these techniques and the systemic application. However, given that I am not so much interested in the techniques themselves but on how systemic therapists are moved to action, I have concentrated here on the literature which shows the mutual influence of the two approaches.

2.5 The literature surveyed

Having been a psychodrama client during my family therapy training, I quickly began to see links between the two approaches. However, there was no discernible theory of action in my systemic training. The action methods used supported the model they were used within but there were limited attempts to understand the underlying concept of why they were helpful. Rationales were offered and links made to larger theories. These will be discussed more fully below within the literature itself.

I have included English language material only. I am aware that there is a large body of work in both psychodrama and in family therapy which is not available in English. There is also a small amount of research into the effectiveness of action methods in family and couple therapy. I have included this in a separate section at the end.

The main purpose of this review has evolved as an attempt to show the mutual influence between psychodrama and systemic therapy. Therefore, I have also been particularly interested to find direct links between psychodrama and family therapy in the literature: family therapy papers which directly reference psychodrama and/or Moreno, and psychodrama literature which integrates systemic approaches. It is clear to me that the two approaches have influenced each other. However, that influence has been difficult to trace directly. Much of the systemic literature *implies* a psychodrama influence but does not name it directly. There are a number of dual qualified individuals who, like me, write for both audiences. Many psychodramatists work with families and have not had any specific training, other than that provided on their psychodrama training, to cover family and couple work.

I have started my search from the beginnings of family therapy practice in the late 50's and 60s. I have also included some much older writing of Moreno which describes couple and family work he undertook in the 1920's (Moreno and Moreno 1975).

2.6 Psychodrama and family therapy – the history of mutual influence

I looked for family therapy literature which expressly mentions psychodrama and/or Moreno.

The first reference to Moreno I could find in the systemic press was by Don Jackson and Virginia Satir (1961) in a chapter entitled 'A review of psychiatric developments in family diagnosis and therapy.' Here Moreno is mentioned in relation to group therapy, not family therapy. Nevertheless he is highlighted as an innovator in group process therapy. In The Satir Model

(Satir et al 1988) published posthumously, she and her colleagues mention Moreno as the father of psychodrama' (p285) in the chapter on sculpting. Satir was a family therapist and one of the founders of the Mental Research "Institute in Palo Alto. Although known in the UK, she had limited influence here.

Moreno, the originator of psychodrama, is mentioned as working with families with a member suffering from schizophrenia in a 1965 review of the family therapy literature (Zuk and Rubenstein in Bozormenyi-Nagy and Framo 1965). This review occurred in a climate of great interest in working with families with an adult member diagnosed with schizophrenia. This interest seemed to develop following the identification of the double bind by the Bateson project in Palo Alto (Bateson, et al 1956). The Zuk and Rubenstein chapter is one of the earliest papers I have found to reference psychodrama with family therapy. Moreno is cited first in relation to group therapy:

> "During the latter part of the second and in the third stage, new therapeutic techniques were tried out: Slavson paved the way for group psychotherapy and Moreno for psychodrama." (Zuk and Rubenstein p5).

This is noted as a historical precursor to involving families in treatment as earlier psychoanalytic thinking had prohibited the involvement of family members in the treatment of patients diagnosed with schizophrenia. (Boszormenyi-Nagy and Framo 1965) Moreno is cited as working concurrently with marriage partners of patients with schizophrenia.

Although references to psychodrama are not plentiful, it is interesting to note that the very first edition of the Journal of Family Therapy contained an article on action methods 'Action Models – learning by doing' (De'Ath 1979). Here psychodrama is present by implication. The author describes a workshop which she gave at an unspecified conference in which she introduced four games which could be used with families or in training.

Although there are no direct references to Moreno, she does cite Ackerman, from whom there is a direct link to Moreno, as will be shown below.

Perhaps the most often cited description of Moreno in the literature of the two approaches is Thomas Compernolle's article 'J.L. Moreno: an unrecognised Pioneer of Family Therapy' (Compernolle 1981). This very short (four page) article, which appeared in Family Process, outlines Moreno's thinking in relation to ideas which would become known as 'systemic', though the term did not exist when Moreno first began writing in the 1920's. In particular Compernolle draws attention to Moreno's emphasis on the importance of interpersonal relationships and his promotion of 'inter-personal therapy'. Compernolle shows how Moreno stressed the importance of the people in relationship being therapeutic agents for each other and his recognition of the importance of network. Compernolle asks for recognition of Moreno as a family therapy pioneer and cites his writing from the earliest times as consistent with systemic thinking.

The literature also reveals two very clear, though distinctly different links to Moreno and family therapy through Nathan Ackerman and Carl Whitaker, both known as pioneers of family therapy.

Ackerman was a psychiatrist working in New York. Coming from a psycho-analytic tradition he became very interested in the family group and wrote extensively from that perspective. He wrote prodigiously (Bloch and Simon 1982) and had a major influence on early family therapy thinking and practice. It is also notable that he was responsible for the training of Salvador Minuchin. How he made the original connection with Moreno is not clear to me. However, he is listed as a member of the editorial board of the journal Moreno founded, the *International Journal of Sociometry & Sociatry* and contributed articles to it (Ackerman 1956-1957). Part of the difficulty in tracing this early history is that some of the early family therapy volumes are poorly, if at all, referenced. However, there is a reference to articles Ackerman contributed to that journal in 1956 and 1957 in the book of his selected papers (Bloch and Simon, 1982).

A very direct connection between the two is Ackerman's comment in relation to a lecture given by Moreno which is published in the second volume of The Foundations of Psychodrama, including the following:

> "At least in certain quarters mental health is now viewed as a phenomenon not restricted to what is inside a person but as something to be evaluated between persons, in the group life of the family, and in the structure of social relations in the entire community." (Ackerman in Moreno 1959 p.28)

Simon (1972) writing in *Family Process* quotes both Ackerman and Moreno. Giving a rationale for using action he quotes Ackerman:

> "The orifices of the body, the skin, the activity of internal organs and muscle systems may be conceived not only as zones of experience of pleasure and avoidance of pain, but also as somatic agencies for the interchange of energy between the inner and outer environment and also as subverbal messages to other significant persons regarding the dominant affective mood, states of need, pleasure or apprehension of danger." (Ackerman 1958 in Simon, 1972, p.49)

Simon also quotes Moreno's emphasis on family relationships as the therapeutic unit.

> "As early as 1923 Moreno had stated, 'The therapeutic theatre is the private home. The players of the therapeutic theatre are the occupants of the home'" (Moreno 1959, quoted in Simon 1972, p.49)

I also found strong evidence that links Carl Whitaker, another pioneer of family therapy, to the Moreno's. Whitaker wrote the introduction to Jonathan Fox's book on Moreno's essential writings (Fox 1987). In it Whitaker states among other things that Moreno:

> "was probably more clearly responsible for the move from individual therapy to the understanding of interpersonal components

> of psychological living than any other single psychiatrist in the field." (Whitaker in Fox 1987, pviii)

Whitaker and Zerka Moreno both presented papers at the Evolution of Psychotherapy Conference in 1985 in Phoenix, Arizona. Whitaker was a discussant to Zerka Moreno's presentation entitled 'Psychodrama, role theory and the concept of the social atom' (Zerka Moreno 1987). In it he makes reference to his frequent visits to the Moreno's in Beacon, New York. (Whitaker 1987) In typical irreverent style Whitaker begins his discussion as follows:

> "I've had a great time reading this paper and thinking about it, Zerka, thinking about the times when I visited Beacon, New York and J.L. … But, I thought, what would have happened if I have been in a stage in my life, that would have been about 1938 or 1940, to have stayed on at Beacon, rather than visiting and leaving." (Whitaker in Zeig 1987 p.359)

In the same volume Zerka Moreno acted as discussant to Salvador Minuchin's presentation "My Many Voices" (Minuchin 1987) in which Minuchin gives an interesting historical overview of his journey in family therapy up until that time. In her discussion, Zerka Moreno regrets that Minuchin had not met J.L.

> "…family therapists have in common with psychodramatists, the fact that we do not emphasise insight, that we are more concerned with action and interaction and their nature, and with the here and now. Change is focused upon the future, upon integration and competence….
>
> …certainly many streams are still forming the field of family therapy, but among the early family therapists was Jacob L. Moreno. He did not appear in print in this country until 1925, although he actually started working with entire families in Vienna in the second decade of the century." (Zerka Moreno in Zeig 1987, p.14)

I have also written a short piece outlining the Moreno's influence on family therapy for the special issue of *Context* on action methods which I edited in 2013 (Chimera 2013a).

One important further connection between the two fields which precedes practice is that of the philosophical approaches of family therapy and psychodrama. In 1918 Moreno started a journal, Daimon, named for an Aristotelian concept of a spiritual companion which accompanies souls through life. This journal was meant to encompass existentialist and expressionist thinking of the time. There were many well-known contributors to this journal which was re-launched as The New Daimon in 1919. (Scheiffele, 1995) Among them was Martin Buber. Waldl (2004) has shown that there was a strong inter-relationship between Moreno and Buber in the development of what has become known as dialogical philosophy. It is clear that "Moreno's central philosophy included the concept of mutual influence and the strong belief that we are formed by, dependent on, and influenced by our environment, as well as being an influence upon it" (Chimera 2013a p39).

2.7 Family and couple work in psychodrama literature

a) The very first reference to family and couple work in psychodrama literature is Moreno's own account of his work with a couple in 1937 where the husband was having an affair (Moreno 1946/1977). Entitled 'Intermediate (in situ) Treatment of a Matrimonial Triangle', he met with each of the partners separately and 'interpreted each to the other.' It was not until several years later that he began working with couples together. He describes treating not one or the other but the relationship. He also encouraged members of the couple to reverse roles with the therapist, an innovation which is relatively recent in systemic therapy (Wilson 2007, p100).

b) It is well known in psychodramatic circles that Moreno met his third wife, Zerka, when she brought her sister, who was diagnosed with

schizophrenia, for treatment to Moreno's hospital in Beacon, New York in 1941. Zerka Moreno writes about this extensively in her autobiography (Zerka Moreno 2012).

Zerka was to become a core contributor to psychodrama theory and practice, collaborating with J.L. during his lifetime and taking up the mantle fully following his death in 1974.

Their book, *The First Psychodramatic Family*, written with contributions from their son Jonathan (Moreno, Moreno and Moreno 1964/2011) is a quirky collection of theoretical musings, accounts of their family life, poetry and some contributed essays. An interesting read which gives some insight to what life in the Moreno household was like.

c) With regard to work with families, Zerka later contributed a chapter describing residential work with a family that was admitted to the Moreno's treatment centre in Beacon, New York for a week (Zerka Moreno 1991). Watzlawick 1987 is her only systemic reference. She recommends Satir as further reading.

d) Blatner (1973/1997) in his overview of practical applications of psychodramatic methods, a core text for psychodrama students, has a very short entry on couple therapy. He helpfully recommends further resources for family and couple therapy. Those which are systemic are those which might have a dual systemic and psychodrama readership, many of which are mentioned in the next section.

e) Dayton (2005) in her comprehensive book on psychodrama describes working with whole families and also working with couples. Here the systemic references are absent or very thin but include Virginia Satir. She uses many systemic terms, such as 'homeostasis', 'enmeshment and disengagement'. She also writes of structure and boundaries. These concepts are not attributed.

From the foregoing it seems that there is a body of literature in which both psychodramatists and family therapists have been remiss in not recognising the other. I have been very pleasantly surprised, however, by the fairly substantial body of literature in which both not only acknowledge the other but attempt to integrate the two approaches.

2.8 Psychodrama in systemic literature

There is a wide range of literature in relation to action methods in the family therapy journals and text books from the 1970's onwards. I looked for work that specifically referenced or mentioned psychodrama. Much of the literature which covers action is related to specific schools of family therapy, such as the Structural and Narrative Models. These are not considered here unless they specifically mention psychodrama. This has required detective skills as several articles mention psychodrama but do not reference it. Others do not overtly mention psychodrama but use techniques which are clearly derived from it. As stated earlier, I have decided to focus on sculpting. Something of the journey is contained in what follows.

a) One of the earliest techniques to be explored is that of sculpting. A great deal has been written about sculpting in family therapy and it is possible that some meaningful literature has been missed. Here I am looking for links in the literature between psychodrama/action methods and systemic psychotherapy. David Kantor is widely credited for introducing sculpting as a method in family therapy practice (Dallos and Draper 2000 p56). Virginia Satir then developed the technique and used it extensively. She uses the words 'sculpture' and 'picture' interchangeably in her transcribed work (Satir 1983).

Sculpting is a method in which a family member is invited to position the family, including themselves, in relation to each other, i.e. they are asked to literally arrange individuals in relation to each other as if they were in a sculpture. Family members then reflect on how it is for them to be in that position, how they might see it differently, what they can do and not do, see

and not see from the position they are in. This gives family members the opportunity to experience one of the family members' perspectives in a very physical and immediate way. It opens up therapeutic possibilities for rearranging relationships in the here and now in the room.

Most family therapists would know what is meant by undertaking a family sculpt. I was surprised that the technique is generally absent from overviews or general texts of family therapy. An exception is John Burnham (1986) who devotes an entire chapter to the two techniques of enactment and sculpting. It is absent entirely from the index in both Carr (2001) and Dallos and Draper (2000). However, Carr does mention it in relation to Virginia Satir, under experiential approaches, devoting part of one paragraph (p175). Dallos and Draper list it as a technique under 'the first phase – 1950's to the mid 1970's' and devote almost two pages to it. The fact that it is situated in this way may indicate to newer trainees that it is a wholly 'first order' approach and therefore no longer relevant or current in family therapy practice.

Burnham (1986) quotes Papp, a feminist and strategic therapist, who has written about the use of action techniques in family therapy. (Papp 1982, Papp, Scheinkman and Malpas, 2013) She reinforces her practice experience of the elegance of such methods in revealing a complex interweaving of relationships. Some of Papp's contribution is explored further below.

Working and training in Boston, Duhl, Kantor and Duhl operated a training school for family therapists which emphasised action methods. Contributing a chapter to Bloch's 1973 (pp.47-63) book on technique, they state the rationale for sculpting as following developmental principles of information processing.

> "In a more active therapy, the sights, sounds, words, smells, movement and presence of others evoke, simultaneously, associations, meanings, and behaviour, in context. A broader total

> retrieval of memories of the individual within his erstwhile system is possible.
>
> Learning and relearning through action techniques, therefore, is system-oriented." (Duhl, Kantor and Duhl 1973 p51)

Interestingly they describe family therapy as a process of learning and relate it to information processing (pp47-49). Frustratingly, there are absolutely no references in this chapter though Piaget is referred to in parentheses. They mention 'learning to learn' but do not reference Bateson. Psychodrama is not mentioned.

b) However, in the same volume (Bloch 1972), Bloch and LaPerriere cite psychodrama twice. The introductory paragraph identifies psychodrama as a source of technical skills.

> "Interest in the family of the psychiatric patient has blended in recent years with an interest in the family as patient. This process began in child psychiatry, drew important technical skills from play therapy, group therapy and psychodrama with more recent additions from the encounter and training group fields." (p1).

Later they state

> "In the same way that primary objects in family therapy replace the dolls and toys of play therapy, to the actors of psychodrama, when used with families are in part or wholly replaced by the original persons whose parts they play. … Specific techniques of psychodrama have also been adapted for use in family psychotherapy; roleplaying, simulations, and 'doubling' are among those that may be mentioned." (p4.).

I found this chapter when I was looking for the previous reference. Although the chapter contains 43 references to other work there are no references to written psychodrama works, to Moreno or to any other theorists or practitioners.

c) Wetchler and Piercy (1996), contributing a chapter on experiential family therapies to the Family Therapy Sourcebook (Piercy et al 1996), provide an overview of models using action. They describe experiential methods as rooted in the 1960's humanistic approaches and specifically mention psychodrama among other experiential methods as influential in development. They say that experiential therapy challenges "the problem focused schools of family therapy." (p79).

Focusing on an underlying philosophy of existentialism, the authors stress the importance of the I-Thou orientation of Martin Buber and emphasise "the healing nature of human relationships. I-Thou encounters have therapeutic value, in that they set into motion the growth potential of family members." (p82).

Referring to specific family therapy practitioners they note:

> "Satir (1983, 1988) blended Gestalt techniques, psychodrama, encounter techniques and communications training in to a dynamic family therapy that continues to influence the field." (p79).
>
> "Carl Whitaker was another charismatic and influential experiential family therapist (Napier and Whitaker 1978); in fact Whitaker may have been the first to have used the term 'experiential psychotherapy'." (p79).

They name other 'experiential' therapists including Fred and Bunny Duhl whom they credit with developing integrative family therapy. They also include Leslie Greenberg and Susan Johnson (1985 and 1988) and their emotionally focused therapy model based on attachment theory.

Emphasising the primacy of experience, the authors state that, in this orientation to family therapy, experience comes before everything.

> "Experiential family therapy succeeds in reminding us of the importance of first-hand experiential data, which is often underemphasised by other schools of family therapy... because

> experiential family therapists are interested in the direct experience of families, they employ a variety of procedure to facilitate here-and-now experiences whether in the form of dreams, fantasies, feelings or sensations." (p80).

With regard to the therapist's use of self, they refer to Keith and Whitaker whom they say establish the role of the therapist as "to participate actively and personally in the therapy sessions: they do not attempt to hide behind a therapeutic mask." (p81). This is a highly Morenian position, yet there is no reference whatsoever to Moreno or to his connection with Whitaker.

A special section on spontaneity and creativity, the twin foundations of psychodrama, also contains no reference to psychodrama or Moreno. They state Whitaker's belief that techniques should arise from the spontaneity of the therapist and "the best interventions, particularly in later sessions, are those that arise out of the therapist's own creativity in the moment." (p81).

The chapter states the historical background to 'symbolic-experiential therapy' as originating with Whitaker's experience in the war, working with fighter pilots and later with patients with schizophrenia. He was moved to treating the family because he began to see the individual as embedded in a larger social nexus.

The authors go on to explore the different models and to differentiate them to a degree. However, they do not go on to explore the particular techniques for each method used. Instead they enumerate key clinical skills in overall an experiential approach as follows:

> Key Clinical Skills (p90)

- Accessing emotional experiences in the here-and-now. Enactment is listed among them. Greenberg and Johnson are foremost here.
- Changing interactional patterns. They do not say how but presumably through enactments.
- Encounter: 'a powerful personal experience, the encounter occurs when two people drop defences and interact with one another honestly. This includes the therapist. Again, encounter was a

fundamental idea from the beginning of psychodrama (Horvatin and Schrieber 2006 p 154)

- Family drawing.
- Family reconstruction (Satir & Baldwin 1983) the authors state that this uses psychodrama to help individuals explore triadic relationships. However there is no direct psychodrama reference.
- Gestalt techniques –seemingly used mainly for setting ground rules for therapy.
- Parts party – role reversal with parts of self (Satir 1988).
- Personal involvement of the therapist. "If the therapist expects the family to have the courage to be real, the therapist must also demonstrate that courage."(p81) This includes relevant self-disclosure on the part of the therapist
- Family sculpting. They attribute the development of sculpting to David Kantor.
- Symbolic drawing of family life space.
- Temperature reading, attributed to Satir.

The authors have tried to be comprehensive and have included advice for trainers and students on how to develop experiential work. The chapter ends with a section on research. They state the reluctance of experiential therapists to undertake research. However, these authors point to a number of diverse areas which might be the possible for a researcher to investigate and list eleven possible research questions. (p97).

They also provide a list of video resources by the therapists named in the chapter and also a list of key books and chapters on experiential family therapy, none of which are psychodrama references, though there are some from other approaches, e.g. gestalt. (p99).

It is a helpful chapter, though psychodrama references are conspicuous by their absence.

2.8.1 Systemic work with couples in action.

There are several articles in the systemic press which explore using action based interventions with couples. Here I will look at two of them in depth.

a) The first is Chasin, Roth and Bograd (1989) who have written a highly relevant and currently useful article on action methods in systemic therapy with couples. They refer to the rich tradition of using action in family therapy. They integrate Milan therapy with action methods, addressing family therapists' reluctance to use action because of concern about imposing therapist's ideas. Referring to a previous rich tradition of using action in family therapy, they note that a strong belief in the field that family therapy should be language based had led to the exclusion of action methods from family therapy practice.

In their systemic practice, enactments are used to "expand the limiting beliefs, premises and interactional patterns that 'hold' problems in place across multiple time frames and contexts." (p12). The use of action seeks to build on existing resources and reduces constraints, and adds variety to perceived possibilities for feeling, thought and action. Action methods serve core systemic principles well – evoking rather than prescribing, expanding possibilities. They contrast 'out of session' action, such as the prescription of rituals, other homework, with in session action.

The method is described in detail and to a large extent it follows the process of a classical psychodrama adapted to couple work. It involves a five step sequence:

1. Each partner identifies strengths and creates a preferred future of how these strengths would look in the relationship.
2. They then go to a past scene (usually in childhood) where disappointment or abuse occurred and qualities and strengths were squashed. It is important that the past scene which is sought is outside the relationship or prior to it. This avoids blaming the partner in a current scene and addresses earlier experiences which shape expectations of relationships
3. A psychodramatic repair is then undertaken in that scene, as in a classical psychodrama. The partner would take the role of healer, never a negative role. If a perpetrator or negative role is necessary the therapist takes it.

4. They then return to the present and make a brief statement about the problem. This process is done for each member of the couple.
5. The future preferred scene is then enacted. "Enactment is introduced as a method to develop accurate knowledge of each other's dreams. Other potential advantages and aims of this are to stimulate wishful longing, multiply cognitive perspective, desensitize fears, and rehearse a pattern of changed behaviour." (p126).

The preferred future scene includes both members of the couple. Using role reversal the partners play their own role as shown by the other partner. The scene continues until the desired role is perfected for each. "…no matter how tedious and awkward the process may seem, successful enactment requires that each client experience precisely what he or she wants." (p127). They end in their own role.

The premise is that the enactment enables the other partner to move to a different position, even if briefly, and momentarily at least give up the strongly held and stuck positions they may have taken.

> "…as co-operator in the other's scene, each partner must relinquish the presumption of knowing what the other wants, overcome the tendency to refuse a request before it is fully expressed, forego the unwillingness to experiment with what the other wants and check the urge to protest that the other's needs are either obscure or excessive." (p128).

The authors draw upon Bateson's ideas of the introduction of novelty and news of difference (Bateson 1972) in order to challenge longstanding problems. The partners experience both positions: self and other. The enactment has rehearsal value for being together outside of the therapy room. It may also help couples to realise they may have irreconcilable goals for the relationship. The article includes recommendations for modifying the model in relation to couple needs, i.e. not using all the steps if clinically indicated they would not be helpful.

They suggest that one reason it is helpful is that clients 'experience the past as malleable.' This gives the opportunity to reset the default position.

The authors end by suggesting that action techniques be developed for post-Milan therapists. They do not negate talk only therapy but suggest action as a valuable addition and one that may "create the sort of openings for self-healing that are ordinarily fostered by systemic therapists through circular questioning and therapeutic conversation." (p135).

b) Peggy Papp has consistently written about the use of action. Her 1982 article 'staging reciprocal metaphors in couples groups' is included here because it also covers work with individual couples as well as group work. The main concern of the paper is to discover the central emotional theme of the couple relationship and how the couple organise around it to maintain their position.

She begins by naming complementarity in couple relationships which involves one person being overtly dependent on the other in a dysfunctional way, from the perspective of a number of approaches. Her main systemic orientation is strategic: she tries to discover the function of the problem. She refers to several systemic theoretical sources:

- Hayley and Madanes, in relation to 'taking the helpless position in order to control the relationship';
- Framo, in relation to 'an unconscious agreement to act out each other's impulses'; and
- Bowen, in relation to 'reciprocal levels of immaturity'.

She also refers to neurobiology and information processing (Watzlawick 1977) as a rationale for using action.

A metaphor of the relationship is called to mind by each member of the couple. These are then enacted in a way that the couple members' metaphors interact with each other. The metaphors are studied in relation to each other and hence 'provide a holistic view of the relationship and are used as an artifice for change.'(p454).

> "Metaphors provide a complete gestalt in which disassociated facts and events can be seen in relation to one another. Explanatory language tends to isolate and fragment, to describe one event followed by another in a linear fashion. Figurative language tends to synthesize and combine.' (p454).

Staged metaphor is described as 'couples choreography ...a derivative of sculpting' which she states is extensively written about in systemic literature and gives a number of references.

The process is then described. Couples are asked to visualise their partner in symbolic form – to have a dream or fantasy, then to visualise themselves in relation to this form, "this assures that the fantasy will be systemic as well as symbolic." (p454). They then imagine the 'dance' and the therapist helps them to enact the dance.

Three questions are held in mind by the therapist:

1. "What is the central theme around which the problem is organised?
2. What are the reciprocal perceptions and positions of each spouse in relation to the theme?
3. What is the cycle of interaction that results from their negotiations to maintain their reciprocal positions?" (p454).

> "What emerges is a living, moving picture in which complex relationships are condensed into simple, eloquent images uncensored by logic... The physical enactment of the fantasies puts the relationship into motion. The true nature of a relationship can be seen only in terms of movement, as it is always in flux." (p454).

Papp then describes the group structure from initial intake interview. The process involves twelve video-taped sessions. The enactment is undertaken in the first session. Then the tape is analysed for the connections between the fantasies.

In the second session the therapists play back excerpts from the video. They do not interpret the work. The aim is to familiarise the couple with the

language of their metaphors so the therapist and they can use that language. The group stays focused on marital interactions it is not confrontational or interpretive.

> "an atmosphere of humour, curiosity and experimentation develops that provides the appropriate context for examining the many different sides of reality." (p455).

Papp goes on to describe the process in some detail and then gives three case examples. The dilemma of change is explored, tasks are given to emphasise a new situation, this is monitored and the dangers of relapse are identified (though not predicted in the examples given), then a balancing task is given, sometimes paradoxical.

It is uncomfortable reading in places as it is written from a highly 'first order' perspective, i.e. therapist as knowing and in an expert position. The language tends to be blaming in relation to the problem. However, if adapted to a more collaborative stance, there is much of value in the technique, which I have now used to great effect with several couples in my practice. Although the enactments are psychodramatic, there is no direct link. She references Robert Simon, who references Moreno, so this might be considered an indirect link to psychodrama.

More recently Papp, Scheinkman and Malpas (2013) have updated these ideas. Again there is no direct link to psychodrama so I have not included it here. Indeed there is a wealth of systemic literature which covers action methods. I have had to remind myself that I am looking specifically for connections between psychodrama and systemic writing.

2.9 Integrative literature: systemic and psychodramatic

Many of the articles are firmly located in either the psychodrama literature or the family therapy literature and their ways of thinking and approach broadly remain within their 'home' tradition. There is a small but significant body of work, however, which integrates the two approaches.

I have found five substantial pieces of writing that constitute major attempts to integrate the two approaches. In date order these are:

Anthony Williams has written two books. *The Passionate Technique* in 1989, and *Forbidden Agendas* in 1991. At the time of writing the author was a practising family therapist and psychodramatist and a senior lecture at a university in Melbourne, Australia.

Chris Farmer, 1995, *Psychodrama and Systemic Therapy.* London: Karnac. A British psychiatrist, Dr Farmer is dually trained in psychodrama and systemic family therapy. At the time of writing he was living and working in Guernsey.

Joyce Hayden-Seman, 1998, *Action Modality Couple Therapy.* Hayden-Seman is an American psychodramatist and clinical social worker. Her book has a forward by Zerka Moreno and hence she has the psychodramatic seal of approval.

Daniel J. Weiner and Linda Oxford (eds), 2003, *Action Therapy with Families and Groups.* In the preface they identify themselves as 'primarily family therapists.' American, both are licenced family therapists. Weiner is a drama therapist who regularly presents at psychodrama conferences. Oxford is also a clinical social worker.

These works vary greatly in their usefulness and accuracy. They are explored here in relation to my perception of their relevance for current UK practice from the least to the most.

a) Hayden-Seman (1998) writes from a primarily psychodramatic perspective on work with couples. A strong proponent of Moreno, she traces his influence on the development of different therapeutic modalities in working with couples including "behavioural, systems, psychoanalytic, psychodynamic and eclectic styles of couples psychotherapy." (p47). She seems to attempt to integrate all of these into her Action Modalities Therapy

(AMT). She integrates systemic theory from Bowen, particularly the idea of triangulation. Structural techniques are also included. She states:

> "Structural and systems approaches to treatment became prominent in family therapy through the work of Minuchin and Bowen, and both became renowned in the field of systems approaches. Their studies and applications resemble the roots of Moreno's work in the 1930's Moreno's interpersonal theory, written in 1937 and his later role theory, serve as a direct component of modern (or current) marital psychotherapy." (Hayden-Seman 1998 p51).

Hayden-Seman also comments on strategic therapy and sees it as separate from systemic. She cites Haley, Erikson and Selvini as belonging to this approach. She states :

> "The two approaches, strategic and structural, are at times interfaced, starting with a structural approach, using joining and accommodating, establishing boundaries and restructuring, and then switching to a predominantly strategic approach when structural techniques are not succeeding. Such techniques as positive interpretation and paradoxical strategies are then employed." (p51)

She does not further explain 'positive interpretation' or paradoxical strategies'. In the UK this would be considered a very first order way of seeing things, especially given the date of publication, 1998. She also cites Papp's work with couples and her paper on staging reciprocal metaphors (discussed above), relating this to the psychodrama structures of warm up and enactment. The worry is that her exploration does not accurately reflect a systemic approach as would be understood in Britain today and would be confusing to anyone trying to understand systemic practice. Her overall summary of systemic approaches is superficial and somewhat confusing. She relates it to psychodramatic structures in a way that does not draw sufficient distinctions.

Hayden-Seman goes on to explore other modalities including psychoanalytic and psychodynamic approaches in relation to couple therapy and again relates these to earlier ideas of Moreno. She then develops her own AMT in a way that attempts to integrate all of these ideas into an action oriented approach. The book lacks clarity in that it does not clearly demarcate the territory in a way that is theoretically useful. Her theory section, some of which is described above, is somewhat muddled and leaves the reader in a philosophical conundrum, as the epistemological traditions of these different approaches are so different. In trying to reconcile them she attempts to relate everything to Moreno's original thinking. Although she cites a number of systemic references, it is difficult to see how these are integrated.

The bulk of the book is the description of one complete couple therapy. Here she uses mainly psychodynamic, insight oriented explanations and it is difficult to make connections with systemic practice. Overall it is disappointing.

b) Primarily influenced by the family therapy approach of Murray Bowen (1978), Farmer's book 'Psychodrama and Systemic Therapy' (Farmer 1995) attempts to explain psychodrama in systemic terms, drawing distinctions and comparisons from a wide range of systemic literature.

The focus is on psychodrama, rather than on systemic therapy. It seems to describe individual therapy within a psychodrama group setting rather than family therapy, and the systems perspective is taken from the group director's perspective. Case examples are presented from a number of practice settings, including child protection and helping a mother in that system understand and work with the professional system better, and adult mental health, working with a client with a diagnosis of schizophrenia.

The book might be helpful for those training or trained in psychodrama to try to understand systemic thinking. It seems to assume a foundational

knowledge of both approaches and therefore I thought its usefulness might be limited.

c) In a completely different vein, Weiner and Oxford (2003) have delivered a very helpful edited volume which is truly integrative of systemic therapy and psychodrama: 'Action Therapy with Families and Groups.' They include other arts therapy approaches, however, the bulk of the chapters focus on the integration of psychodrama and systemic thinking.

They define action methods as:

> "experiential techniques that use physical movement and creative, dramatic, or symbolic expression (e.g. dance and movement, role-playing, improvisation, art, music or rituals) in which the client engages at the direction of the therapist." (Weiner and Oxford, p3-4).

Their rationale for using action is very clear:

> "Broadly, action methods provide clients and therapists new ways both of looking at problems and of discovering the solutions to these problems. Because they operate simultaneously at cognitive, affective and behavioural levels and appear to bypass habitual ego defence mechanisms, action methods can facilitate rapid learning and quickly produce significant systemic change in relationship and interaction patterns." (Weiner and Oxford, p5).

This is followed with a further list of ten points which specifically explain the advantages of action methods over talk-only therapy (ibid 5-6). They state that they aim to inspire clinicians to seek further training in action methods and indeed the volume is inspirational. It is written with freshness and vigour which encourages the reader to try out the ideas and techniques. Though not all the chapters are specifically about psychodrama and systemic practice, those which are (Oxford and Weiner, Ramseur and Weiner, and Dunne) offer helpful connections and stimulate creativity.

d) Finally the two books by Anthony Williams *The Passionate Technique* (1989), and *Forbidden Agendas* (1991) are, in my opinion the gold standard by which other work of this integrative nature might be judged. There is nothing clearer or more coherent in relation to systemic therapy and psychodrama which I have encountered.

In the first book, subtitled 'Strategic Psychodrama with Individuals, Families and Groups' (Williams 1989), theory is interwoven with many case examples and vignettes. Clear links are made between the two theories.

Influenced by Bradford Keeney, Williams writes:

> "… the aim (of psychodrama and therapy) is to keep the aesthetics of change – a type of respect, wonder and appreciation – married to the pragmatics of change: the specific techniques to bring it about. Pragmatics without aesthetics can be ugly and instrumental; aesthetics without pragmatics, as Keeney (1983) remarks 'may lead to free-associative nonsense."' (Williams 1989, p80).

This is highly reminiscent of Bateson's comments on creativity and academic discipline:

> "we shall know a little more by dint of rigour or imagination, the two great contraries of mental process, either of which by itself is lethal. Rigour alone is paralytic death, but imagination alone is insanity." (Bateson 1979, p237).

Williams proposes 'strategic psychodrama,' using the words 'strategic' and 'systemic' interchangeably. He cites Bateson's work on communication as trying to "map patterns as revealed in metaphors" (Williams 1989, p81). He warns against becoming bound by pragmatism and encourages us to remain "open to the spontaneity of life itself." (ibid)

Williams describes the difference between classical and strategic psychodrama. His basic premise is that there is a problem maintaining system which is outside of the group and of which the protagonist is a part. Changing the system, not just the individual, is the goal of therapy.

Williams writes in an integrated fashion using both perspectives. His way of undertaking role analysis was taught to me as part of my classical psychodrama training. For instance, he writes about the need to see everyone involved in the problem maintaining system but, if that is not possible and the person with the problem is part of a group therapy setting, then the therapist must keep "a cybernetic rather than a linear perspective on the problem …the interactional nature of roles are paramount in the therapist's mind." (1989 p82). Here he uses two words: cybernetics from systems theory and role from psychodrama. They come from different, though he would argue, sympathetic epistemologies. Cybernetics and an understanding of how systems regulate themselves comes directly from a systemic epistemology. Role theory is pure psychodrama and whilst there are clear links and overlaps, these might not be immediately apparent to proponents of one school or the other.

That said, Williams is clear throughout as to which ideas have come from where. In his melding of the two approaches he has created a unique way of using the structure of psychodrama with a systemic lens. He devotes a helpful and plain speaking chapter to using psychodrama with families.

His writing on role analysis (1989 p78-101) has formed a core part of my methodology and will be further explored later in this thesis.

e) The second book subtitled 'Strategic Action in Groups' (Williams 1991) is written with a psychodrama audience in mind and the focus is on group work. It picks up from the theoretical perspectives of the first book and applies systemic ideas to the psychodramatic process. He pays special attention to the needs of a consultant who is called in during times of trouble

for a group or organisation or where a group wishes to explore a particular issue.

Written in an engaging and interactive style throughout, often directly addressing the reader, his introduction sets the tone of the book.

> "Action will 'get hold of you physically' all right; and it will throw you on to others, too, instructing you once more in the mysteries of the human heart, and the patterns that connect human heart to human heart. In revealing the self to the self, culture is restored as well; the new stories almost always refer to different and healing links with others and contain the perennial springtime messages of how we are to be vital to, and with, each other. You see, the core of the dramatic method is irreducibly social; it creates as it goes a community to share in the performance of their lives." (Williams 1991 p1).

Williams follows systemic epistemology and relates his psychodramatic work with individuals in the context of group therapy and with organisations by using a systemic frame of reference. It is plain talking, direct and coherent. He manages to get the complexity of both systemic and psychodramatic theories and practice on to the same page at the same time in an accessible way.

2.10 Shorter integrative articles

I was able to locate a large number of shorter articles and chapters which integrate psychodrama and systemic approaches. The following is a representative selection. The selection was made on the basis of uniqueness and not wishing to be repetitive. Many of the authors have published a number of papers which tend to be similar in orientation.

2.10.1 Work with families

a) Adam Blatner (1999), a child psychiatrist and American family therapist, in an edited book on general action methods in family therapy contributes a chapter on using psychodramatic methods. Primarily a psychodramatist he

references the structural model and the Satir method and comments that Minuchin and Satir are "more like psychodramatists than analysts" (p236) by which I think he was referring to their origins and also to their action oriented approaches.

Basically a chapter about technique, Blatner also stresses the importance of spontaneity. He draws attention to role theory as a way of relating to systemic ideas. In user friendly language he invites us to reframe behaviour as 'role taking', i.e. showing different parts of self, stressing that this enables reflection. He suggests the analysis of the role and its sub-parts in family members.

Using surplus reality, an imaginal realm about which more will be said later, he suggests several techniques from the psychodrama repertoire including the 'aside', imagined consultant, replay, re-enactment and slow motion.

He recommends two core psychodramatic tools, role reversal and doubling. Role reversal promotes empathy and trust and forms the basis for authentic encounter. It requires coaching in order for clients to use it helpfully. He describes doubling as a type of active empathy which frames the family member as the author, i.e. checking out 'is that right?' Doubling is a way to introduce playfulness and can help keep the therapist on track and strengthen therapeutic alliance.

It is a helpful article written in plain accessible language, with jargon clearly explained. It would be helpful to family therapists and psychodramatists alike.

b) Farmer and Geller (2003), drawing from a systemic and psychodramatic perspective, write about family psychodrama from within Bowenian perspective. Within this they list a range of family therapy models to which psychodrama has been applied. Like many others they credit Moreno with the first paper on family therapy in 1937. They also make strong links with John Byng-Hall and his use of the theatre metaphor in family scripts (Byng-Hall 1995). They regard Bowen's theory (Bowen 1978) as a blue print from

which elaborations of intergenerational approaches to family therapy have derived and outline the main tenets of that theory. They note that family therapists have long used special metaphors and link the adaptability of psychodrama techniques, such as role reversal and doubling to a number of clinical situations. Helpfully they identify different kinds of role reversal, namely reciprocal and representational, for use with families.

Farmer and Geller distinguish family drama from stranger group drama, noting it as a totally order of encounter – requiring a fresh response.

Each participant gets four different views of self and other:

- self as presented by the subject
- the other as presented by the subject
- the other's portrayal of self
- the other's portrayal of themselves.

These are boundary issues and help with differentiation in the Bowenian sense.

Farmer has been a proponent of Bowen and has written other integrated articles using a Bowenian approach. Though that theory is not directly taught in the UK, much of what derives from it, use of patterns in genograms, the ideas of boundaries, the concept of triangulation and other ideas are highly relevant and have been absorbed into more generic systemic models, and are familiar in structural teaching.

c) In 2005 the Journal of Group Psychotherapy, Psychodrama and Sociometry produced a special issue on the treatment of couples and families with psychodrama and action methods. It is a surprisingly thin volume with only three articles.

1) Farmer and Geller (2005) have contributed an article similar to that above, linking Bowenian theory to psychodrama, in particular the concept of the triad, the family's emotional process, family projection and the differentiation of self.

2) Dan Weiner and Laurie Pels-Roulier (2005) provide a helpful overview of action methods in marriage and family therapy. They distinguish between action methods which use dramatic reconstruction and others. They further identify those which are specifically influenced by psychodrama and those of other approaches. They refer to the play space and "using intentional pretence" (p86):

> "Johnson (1992 p112-113) has coined the term 'play space' to denote 'an interpersonal space within an imaginal realm, consciously set off from the real world by the participants, in which any image, interaction and physical manifestation has a meaning within the drama." (quoted in Weiner and Pels-Roulier p87)

Laying the foundation of using action methods with families with both Moreno and systemic approaches, they also note the limitations of using full psychodrama in an 'affiliated group' and suggest some modifications. In particular they reference Hayden-Seman's approach (outlined above) and Chasin, Roth, and Bograd's (1989) 'reformed past' scenes, also described elsewhere in this review. They overview the use of sculpting (Duhl 1999) and discuss the use of action methods which has arisen from the field of family therapy, e.g. enactments, paradoxical interventions, homework and rituals.

Family play therapy has its own section in which use of puppets, family drawing, family sand play, and 'pictorial history scroll' are noted.

This is a far ranging overview that would be helpful to students; however, it seems to try to cover every use of action possible. They may have exceeded their remit in including group work and family constellation work. However, it is well written and attempts to give a workable definition of action methods.

3) Eve Leverton (2005), in the final paper in that volume, writes about couple work in a way that aims to integrate psychodramatic methods into work with couples, whilst also noting the dangers. She notes the

psychodrama tenet that creativity and spontaneity are the building blocks of mental health. She posits that couples may start therapy from a state of lost spontaneity.

Leverton covers various techniques in couple work. With regard to sculpting she states that the role of therapist is to be directive and stay in charge "not as expert advisor but as director of the sculpture. Directions that discourage talking provide clues to the couples' intimacy that are seldom obvious in talk therapy" (p57).

She also describes the use of doubling and soliloquy. There are several good case examples with transcripts.

Throughout the article there is an examination of the importance of role flexibility on the part of the therapist: techniques that deal with surplus reality require flexibility. This is similar to positioning in systemic practice. She warns of the danger of the therapist taking on roles. The dangers "centre around therapeutic boundaries, transference complications, creating dependency and the possible perception that the therapist is taking sides." (p68).

Overall this is a helpful, clear and useful paper in which the author focuses on the needs of the clients in introducing action.

d) In an article called 'Psychodrama and family therapy—What's in a name?' Williams (1998) follows his integrative passion for psychodrama, systems theory and narrative, and aims to show their mutual influence. His desire to integrate psychodrama into work with families is the motivation for this article.

He states a belief that psychodrama had strayed from Moreno's original ideas that present functioning maintains problems. He is critical of 'classical' psychodrama as going backward in a linear way. A strong Batesonian flavour permeates this piece.

The first section focuses on the difficulties of integrating family therapy and psychodrama and enumerates a number of difficulties:

- Stranger group vs intimate group.
- Parents are often seen as 'wrong' in classical psychodrama and blamed for ills. Ideas related to this are:
    - Role theory had not been developed.
    - 'Causality' in protagonist centred psychodrama is seen as 'linear and obvious' versus circular and subtle in family therapy.

Nevertheless the author sees links between the two through the concepts of role theory and sociometry – plus the deeper link of spontaneity. He illustrates the work with vignettes which highlight the connections between family therapy and psychodrama. He also draws a helpful distinction between psychodrama and action methods, noting that all psychodramas use action methods but not all action methods are psychodrama.

Williams goes on to elaborate role theory and systemic approaches, explaining that roles are continuously being created in interactions. The self is "understood recursively as an impermanent construction that changes with context and relationship." (p5). Systemic analysis is very close to role theory: identity is interactive. The core ideas, that reality is constructed between us, is a belief shared by both approaches.

The author goes on to look at the influence of narrative ideas and that the introduction of the narrative metaphor gives one the opportunity to 'play with time.' "The narrative basis of psychodrama itself helps people articulate their story." (p7).

Using action to create alternative narratives with families is useful systemically because it dramatises role and role perception. He does not denigrate talking. "When interventions are performed, however, entirely new meanings come to light…Bodies and consciousness swing together" (p11). Looking at how psychodrama can be used with different models of family therapy, he acknowledges that working with the whole family

present has challenges for the director. Therefore, the application of specific psychodrama techniques is preferred to attempting to undertake a classical psychodrama.

The author provides a range of references from both approaches to follow up. Overall it is an excellent article, clear and helpful for readers from either perspective.

e) I should also include the three chapters I have contributed over the years.

1) The Yellow Brick Road: Helping Children and Adolescents to recover a coherent story following abusive family experiences (Chimera 2002)

2) Seeing the Wizard: the therapeutic Spiral Model to work with Traumatised Families (Chimera 2013b) and

3) Passion in Action: Family Systems Therapy and Psychodrama (Chimera 2014). As this one is particularly relevant to this thesis, I include in the appendices.

All three are integrative. They appear in publications predominantly read by psychodramatists. They are based on my independent practice in re-unifying families following trauma and separation. In them I have tried to show the way that psychodrama can be used systemically.

2.10.2 Work with couples

a) Fow (1998) has written about the use of role reversal in couple therapy. Writing primarily for psychodrama/group oriented therapists; the author includes a number of family therapy references, including Bowen, Minuchin and Watzlawick.

The technique of role reversal is firmly located in psychodrama and the author also notes spontaneity as a valued state. Therapeutic potency is derived from each member of the couple taking the position of the other:

> "The intended outcome of these techniques is the emergence of "hidden feelings, unknown conflicts [and] distorted perceptions" and the opportunity to try on "new attitudes and behaviours" within the "relative security of play acting" (Korchin 1976 p391 quoted on p231).

Fow helpfully traces role reversal in the literature, starting with Moreno and lists four other references, none of which are relevant to family or couple work.

The author applies role reversal to couple work in a specific way, focusing on the partner with the express goal of increasing empathic attunement. From the role reversal the therapist empathically explores the basis of the partner's behaviour and possibilities for willing behaviour change.

Feedback from the partner being reversed with is deferred until the end of the session. Initially the therapist concentrates on what makes them happy, what they want to achieve in therapy, why they want to come to therapy. It is noted that monitoring and intercession is required, especially where sarcasm is present. The author states that the use of circular questions may be helpful.

The author also notes some constraints:

- Some couples do not like the heavy structure imposed.
- Some do not understand the instructions, i.e. are unable to reverse roles.
- Some just refuse to comply.

Partners must be able to reflect on their own and the other's behaviour, and be willing to change in order for this to be therapeutically effective. The author then presents some vignettes.

Homework can be constructed from the material which emerges from the role reversals. Clients are asked to choose one thing from the role reversal and pay attention to it during the week. They are instructed not to discuss it or attempt to guess what the other partner is paying attention to. It will be

discussed at the following session. At the next session each partner is asked to guess what the other has been working on. Often the guess is correct. Each partner is then asked to describe in detail what they been paying attention to.

The author asserts that the use of role reversal has several beneficial therapeutic effects. Firstly it deepens identification with the partner. The author describes it as "individual work on behalf of the other…[which] alleviates the self-protective defensive contraction that can occur when partners believe that the other is not taking their needs into consideration." (p234).

Secondly it counteracts the belief that one party is doing all the work, leading to enhanced awareness of the affective state of the partner. Fow asserts this increases the likelihood of change on the basis of understanding rather than coercion.

I thought this was an interesting and helpful article. The author also connects the work with some theoretical ideas of Bowen and Minuchin, both of which seem to have had a considerable influence in psychodramatic work with couples and families. The similarities to Karl Tomm's (1998) internalise other interviewing are apparent, though the underlying theoretical orientation may be different. Fow seemed to take a highly first order approach, whereas Tomm is collaborative and considers himself as part of the system, a stance more consistent with my own.

I also thought that not enough attention had been paid to how to assess when to use this approach. Although the author identifies the possible pitfalls, in a way that might be experienced by the clients as somewhat blaming, they do not help the reader to assess the clients' readiness to use the method or what the therapist might do to create sufficient warm-up for it.

b) A very different approach to couple work is taken by Joseph Romance (2003), applying an integrated systemic and psychodramatic approach to

working with straight and gay couples. Here the main integrated approaches are those of Gottman (1994) and Moreno (1953/1998, 1966).

The author outlines Gottman's findings in relation to the success and failure of relationships. Success is achieved where there is increased positive affect generally in the relationship, an increase in positive affect during conflict and a decrease in negative affect during conflict. Gottman's research shows that relationships fail when what he refers to as the Four Horsemen are present: criticism, contempt, defensiveness and stonewalling during conflict. In these circumstances negative attributions override positive ones, conversations are started in an abrasive way – more common in women - and influence of outside factors is not accepted – more common in men.

Romance notes that Moreno's philosophies of role theory and sociometry parallel Gottman in that Moreno asserts that the exchange of energy between people facilitates or inhibits relationship (spontaneity). Moreno also explored couple relationships in terms of role in relation to role taking, role playing, role creation and role fatigue. The chapter seeks to 'cross pollinate' the two theories. There is a short section on working with gay and lesbian couples.

Romance looks at the phases of therapy and how action methods may be applied at different stages. He includes a list of warm-up suggestions. At the beginning of therapy he suggests several exercises for assessment including a locogram of the four horsemen, an ideal future scene, and role reversal. In the middle phases he asks couples to examine the four horsemen and develop 'antidotes' through action. There are several exercises for exploring playful communication. During the ending stage couples are asked to concretise three tools they are each taking with them into the next part of the relationship, to re-enact a crucial moment from the therapy and to role reverse with their partner one more time, name one vulnerability they have and how their partner can help, the partner has the opportunity to correct any misjudgements.

Although the chapter does not expand on theory as promised, it is a very useful read for practitioners. Written in a lively and fresh way it is also inspiring.

2.10.3 Other integrative writing

I am including a recent article on supervision by Hannah Sherbersky (2014) a family therapist: Integrating Creative Approaches within Family Therapy Supervision. This chapter in an edited book covers using psychodrama in supervision while retaining a systemic identity. She examines spontaneity as defined by Minuchin (Minuchin and Fishman 1981). She notes Moreno but does not include his definition of spontaneity. She credits Felix Kellerman, a psychodramatist with the term 'action insight (Kellerman 1992) and states that this can be developed in action in supervision.

She provides three vignettes of different applications. In the first she advocates the use of small world sculpts (stones) in individual supervision. The second vignette describes group supervision using psychodrama. In the third vignette the team reverses roles with family members when discussing the session afterwards.

2.11 Research

I have excluded manualised approaches which may use action methods and might reference psychodrama, though I think that is unlikely. For instance mentalisation based family therapy training specifically includes role play (Bateman and Fonagy 2015). Generally speaking manualised approaches are by definition evidence based and hence thoroughly researched.

In this study I am interested in how family therapists might have used psychodramatic methods in the ordinary course of their work. There is very little research that I was able to find.

a) Rory Remer (Remer 1990) at the University of Kentucky undertook research into the use of psychodrama in family simulation in training and reported on student feedback.

This was an integrative project using sociometry, psychodrama and role theory as well as systemic theory. The training exercise for students using psychodrama continued over a number of weeks with evaluation at the end by the participants. The author asserts that 'Psychodrama in vivo was the first real family systems work' referring to the work Moreno did in the 1920's .

Twenty students were randomly assigned to five families of four members: three females and one male. Each group had at least one person with psychodrama experience. 'Families' met for one hour per week for seven consecutive weeks. Therapists joined them in week four to six for one and a half hours in addition to the one hour the 'family' met on their own. The second session of therapy was video-taped.

Evaluations were completed by each 'family member' at the end of each session. Five approaches to family therapy were compared: structural, strategic, behavioural, communication (Satir) and experiential (Keith & Whitaker). There was no Milan/Post Milan/ social constructionist. Each approach was applied to the same situation.

Senior trainee therapists were randomly assigned– as was the model of family therapy. Evaluations were completed after each session including role taken, interventions used, reactions in role to the therapist and other family members, and reaction out of role.

After enactments were completed the logs were returned to the students for self-reflection and learning. Each student then provided a summary: the realism of the enactment, evaluation of the usefulness of the process for research and learning purposes. They were also able to add any comments they wished.

'Family members' took the Family Environment Scale (Moos 1974) pre and post therapy. The video tapes were analysed and students were asked to evaluate the simulation. All felt it was beneficial. Some felt the lack of in-

depth intergenerational knowledge was a constraint. Independent content analysis was undertaken.

The conclusion was that psychodrama is a powerful training tool for the following reasons:

> a) Enactments aid understanding … "in a way neither explanation nor description can ever approach" and hence enable students "to experience or re-experience the 'realities' of their families." (p77).
>
> b) It can enhance the students' own spontaneity, through the use of the process itself.
>
> c) The way the simulation is done provides the prospect of analysis and reflection in the way a real life or other training situation does not as it is safe and controlled. However the author does not say what would happen if a student was triggered in an unhelpful way. 'Learning is not rote and approximates the variety and unpredictability of actual family interactions.' (p78).
>
> d) "Simulation teaches the application of the [psychodramatic] theory to the family context." The author cites Minuchin and Satir as other examples of this.
>
> e) The process teaches spontaneity training. "If there are any traits that need enhancement in a family therapist, they are tolerance of ambiguity, and flexibility in coping with unpredictable situations. Adapting to others' reactions in the simulated, safe circumstance allows just such developments." (p78).

The author concludes that simulation of family interaction can be a useful learning tool. He does list some drawbacks:

- It requires much more time than is generally available in the usual class organisation.
- It works best with students with some experience of in depth role play: those who do not may be biased against such activity.
- That said, he claims that it provides a secondary benefit by providing the students with a set of families to observe.

b) A second research project using psychodrama and family therapy was published in 1990 by Claude Guldner. Primarily research into structural family therapy with adolescents, the aim was to consider action versus verbal methods of work with adolescents and their families. Guldner describes himself as a structural family therapist originally trained in psychodrama. He is mainly a family therapy trainer but also trains psychodrama students.

The project was structured as follows:

Twenty four families were split into two groups. Families where there was substance abuse were eliminated from the project. The first group was given 'ordinary' Structural Family Therapy (SFT). The second group was given SFT with action methods: sculpting, role play, psychodrama, and sociodrama, etc. The goal in the second group was to de-emphasise language.

Four family therapists were involved with the families. The families were ranked using Weltner's (1985) four levels of family therapeutic need.

- Level 1 – life and death – no nurturance or protection.
- Level 2 – Authority and limits – insufficient control and containment.
- Level 3 - Intergenerational legacies – boundary problems across generations.
- Level 4 – Enmeshment of family life – inner processes and interaction styles that enhance intimacy.

Families were required to complete six sessions, but had no more than twelve in total. Each family in the action group were given slightly different action methods depending on needs and therapeutic aims.

Outcomes were evaluated by using the Family Relationship Inventory (Michaelson and Bascom 1982) before and after the therapy. Comparing results with the Weltner pre-therapy assessment scale they found:

- Level 1 – no change across the two methods.

- Level 2 – increased interaction with action methods but not significant.
- Level 3 & 4 – significant differences in positive interaction.

Further evaluation was via a Likert scale self-report questionnaire from 1 – 5. They found that adolescents and adults had more agreement in the action-method group than did those in the verbal group. Mothers gave more 5 rankings than fathers did; none of the problem bearers gave a rating of 1. More people in the action method group agreed they had attained their goal for therapy. Motivation increased through the use of action methods.

The author notes that it is difficult to draw overall conclusions from such a small sample. Neither did he clarify how they targeted and refined the action methods at each level. He recommends broader scales to provide better in depth measure of change.

Guldner concludes that the use of action methods with adolescents is developmentally appropriate and suggests that they:

- facilitate engagement;
- the client experiences respect;
- that clients are more willing to take therapeutic risks;
- the potential for creativity is enhanced; and
- that spontaneity (which he does not define) increases choices and facilitates change.

2.12 Summary of this section. There is a very small amount of research on the general use of action in therapy. The two projects above are the only two I could find which fit my definition. Some other projects such as Woolley, Wampler, and Davis's 2012 publication on 'enactments in couple therapy: identifying therapist interventions associated with positive change', looked very promising. However, on closer examination the 'enactments' they described were a therapist facilitated conversation rather than a dramatic enactment or re-enactment of an event, either real, imagined or desired.

2.13 Summary of the literature.

In some ways this review has been the most difficult part of my thesis. There is a much larger body of literature in relation to action in the systemic press and family and couple work in the psychodrama literature than I had imagined. I was also pleasantly surprised by the number of integrative papers, although these mainly reside in the psychodrama literature.

The papers in this review are, I hope, representative and I do not think any significant papers have been omitted, though obviously some papers may have been overlooked.

In general, theory in the systemic literature of action is sparse and the literature tends to focus more on the application of technique. Rationale for use of action is often cited, but this does not encompass a wide ranging theoretical explanation such as is provided in psychodrama (Moreno 1946/1977, 1953/1993, 1975 for instance). Theoretical influences are sometimes cited but I have not found a theory of action in family therapy: why it is useful, how it works, when it is effective and when not. It has been notable that action methods and psychodramatic techniques have been applied across all the models of family therapy, with Milan being the least represented and Structural the most. Bowen (1978) and Boszormenyi-Nagy and Framo (1965) appeared far more than I expected, though this is perhaps not too surprising given their psychodynamic origins.

Many of the papers were written from a 'first order' perspective – the therapist being outside of the system, an observer, and holding special expertise. However a considerable number took a 'second order' perspective – the therapist as part of the system and utilising a collaborative approach. Weiner, Romance and Williams, from within the integrative sample, are shining examples of this and their writing is inspirational.

Chapter Three

Methodology

3. Overview of the chapter

This chapter expands the rationale for the project described in chapter one. The focus of the research question is developed and explored. It describes the design of the project and gives an overview of the process with a time line. I show my methodological approach and how I came to settle on the Coordinated Management of Meaning (CMM) as the main methodological approach, supplemented by role analysis, a construct from psychodrama.

The selection of participants, the structure of the interviews and the process of data collection are described.

I then outline the methods used in the analysis of the material. The data analysis will follow in the next chapter. Discussion of the findings will follow that.

3.1 Overall concept for emerging practices of action.

As a family therapy educator I am interested in the development of therapists to be able to use action methods and techniques with confidence regardless of the 'school' of family therapy or the particular approach that is followed. The training of family therapists at the Institute of Family Therapy involves an eclectic overview of four or five main approaches to family therapy within an overarching systemic framework. Trainees may gravitate towards one approach as a preferred option; however most will use a variety of theories of change as appropriate to the family with whom they are working. Action techniques may be drawn from a number of sources, including from outside the traditional systemic approaches. To my knowledge there is not usually any specific training around the use of action methods on qualifying courses except from the rationale of a specific approach, i.e. teaching of technique focuses on a particular theory of change rather than on a systemic approach as a whole. Trainees may be expected to

learn the techniques in placement, rather than on the academic part of the course.

My experience as a psychodrama psychotherapist has allowed me to develop confidence in using action techniques with families. It is my hope that in exploring the question of how family therapists use action I will be able to develop useful tools to help emerging therapists to develop their creativity and spontaneity in a more general systemic sense.

In this project I am not so much interested in the number of times action is used within a session or in an overall therapy, or necessarily in the outcome of a particular method: it is assumed that positive outcomes will increase the number of times a particular therapist might use embodied action. It is axiomatic that successful application of a method is likely to increase its use. I am also not particularly interested in the specific action or action method used. Although I am trained in psychodrama and use psychodramatic techniques I have not sought to research the use of psychodrama in family therapy. My interest is in how family therapists use action which involves the physical movement of people within therapy sessions.

I am not necessarily interested in the outcome for the therapy of using action, though that is of course important. Here I am focusing on the in-the-moment introduction by the therapist of physical movement in the therapy room.

I have explored my question by interviewing five experienced family therapists about what it is that impels them to introduce physical action into a session at a given moment. It was my original intention to include a number of instances of my own therapeutic practice with families and couples in the analysis. However there were difficulties with this which I explain below. I have therefore reflected on my practice through the process of the interviews I undertook with the five family therapists. The

interview itself involved the application of an action method: the small world technique.

3.1.2 History of this project

The original research design included an analysis of my own therapeutic practice for which I hoped to interview former clients in retrospect. I had three families particularly in mind, with whom I had used action with during the work.

The gap between the end of therapy and my project fits with AFT ethical guidelines on research. Unfortunately, in spite of concerted attempts to contact the families they did not respond. It is likely that all three of them have moved and I have no way of tracing them.

In 2013 I approached another family with whom I worked in 2012. Although the father of the family was willing to participate the mother was not and therefore it was not possible to include them.

Therefore later in 2013 I decided to focus on the interviews with family therapists about their work and abandoned attempts to recruit participants from my client list.

Due to pressure of work I had to take a break in studies in 2013 and returned to the project in January 2014 for the final year of analysis and writing up.

3.1.3 Timeline of the project

- 2008 – initial proposal and beginnings of study.
- 2008 – and throughout – exploration of relevant literature on embodiment, phenomenology and related philosophical approaches and neurobiology.
- 2009 – questionnaire on action methods. Literature review begun in earnest.
- 2010 – development of the semi-structured interview and pilot interview in August.
- 2011 – Interviews of the four remaining family therapist participants.
- 2011 – unsuccessful attempts to locate previous clients.

- 2012 –start to collect material for the special edition of Context, the Association for Family Therapy bi-monthly magazine, on action methods.
- Continued exploration of the literature and philosophical approaches.
- 2013 – April, special issue of Context as guest editor, "A Passion for Action".
- 2013 – Break in studies
- 2014 – completion of chapter: Passion in Action: Family Systems Therapy and Psychodrama, for the 2014 book for the International Psychodrama conference held in London.
- 2014 – 15 analysis and writing up.

Although not included here, the writing of the chapter and the editing of the special edition of Context are relevant in that the material was so highly connected to the subject matter of the thesis.

3.2 Selection of the Methodology

Although I was drawn to the Coordinated Management of Meaning from the start, at the time of my research interviews my methodology was not yet defined and I was encouraged to explore other methods.

3.2.1 Qualitative methods

Qualitative approaches are the most appropriate for this project as they aim to explore the lived experience of participants. The experiences I seek to examine are by their nature unique and not repeatable. The use of qualitative methods to research systemic practice is now well established (Strickland Clark, Campbell and Dallos, 2000, Burck 2005). Such methods are used to investigate why and how phenomena occur and are not usually interested in numbers or in exact repetition or reproduction. They are interested in processes, both internal to the individual and relational between the participants. Hence such methods are highly relevant to systemic therapists, psychodramatists and indeed any therapists wishing to develop reflexivity in practice and to explore their use of self in relation to professional work. They place the researcher and the perceptions of the researcher firmly in the centre of the frame. Hence the researcher cannot

take a neutral position but must state the position from which they are participating in the research. Such methods do not attempt to establish a 'truth' but to provide an orientation to understanding the meanings attributed to social phenomena.

Relatively small numbers are generally required and analyses are undertaken in depth.

3.2.2 Interpretative Phenomenological Analysis

This was devised by Smith in the 1990's (Smith, Flowers and Larkin 2009) and is described as an experiential approach (Clarke 2010). Emanating from phenomenological philosophy as defined by Husserl, Merleau-Ponty and others (McCann 1993) it is concerned with understanding lived experience and how people understand and make cognitive sense of their experience.

This seemed a useful approach. However on further exploration the method seems to be primarily concerned with individuals. It does take account of the researcher's perspectives, hence the 'interpretative' in the title. However it does not seem to be able to account for what is created together by the participants. It is an interpretive reflection on past action of the individual rather than an attempt to explain the moment of action.

I was looking for a method that would encompass the mutually influencing process of 'what happens next' in therapy.

3.2.3 Grounded theory

Grounded theory would have allowed a thematic analysis and revealed similarities and differences in the approaches of specific therapists. Grounded theory is used to generate new theory, and therefore may have been appropriate here. It involves coding data from transcribed interviews into concepts and then categories from which theory can emerge. Glaser and Strauss (1967) developed grounded theory to examine social processes which required professional intervention, such as the process of dying and

patients' attitudes toward it. It is a particularly useful approach where there is no helpful overarching theory. I did begin to examine the data for themes which emerged from the interviews. However I did not pursue the use of grounded theory as CMM seemed to offer a more coherent approach to this research, and also allowed me to incorporate the themes into the model.

3.2.4 Discursive analysis

I also explored discursive analysis as a method of investigation. Discursive Analysis is a form of discourse analysis which has been developed by Jerry Gale (Gale 2010) to look specifically at the way meaning is co-created in systemic practice. Discursive analysis addresses the therapist's intentions, morality and power and is heavily influenced by post-modern social constructionist philosophers such as Michel Foucault.

> "Akin to mindfulness based practices, discursive analysis attends to the moment-to-moment arising and fluctuation of interactional meaning. The talk-in interaction often transpires so quickly that the shared production of meaning goes unnoticed, leaving the emotional residue, moral accounts and personal characterizations as manifest and ontologically real." (Gale 2010 p.11)

This model of analysis looks specifically at 'how therapists shape clinical talk and investigations of power in therapy.' (p7)

The model seemed to be usable with role theory (see below) which I am keen to incorporate. However it is heavily language based and might not easily adapt to physical action in the therapy room. Although the discourse analysis approach offered promise, CMM focuses on action and, I felt, was therefore the most appropriate choice of methodology.

3.3 The Coordinated Management of Meaning (CMM)

From the start the Coordinated Management of Meaning (Cronen and Pearce 1985) seemed to offer a useful if somewhat complicated approach to researching action methods because of its attempts to understand what

happens in the interaction between people in a process. Having explored several other methods I decided to choose The Coordinated Management of Meaning (CMM) as the central orientating approach and method for this enquiry. It also had resonance for me in relation to psychodrama and the use of role analysis a psychodramatic tool, with which I have integrated it and which is described in the next section.

Originally a communication theory from the tradition of Wittgenstein and heavily influenced by Bateson, CMM has been developed as a 'practical theory' (Cronen 2001) which is elaborated below.

CMM has undergone several phases of development.

> "CMM began as an interpretive social science (this phase ended with the publication of Pearce and Cronen, 1980), developed a critical edge during the 1980s … and currently expresses itself as a "practical theory" … Paralleling this evolution, the predominant research methods have changed from quantitative experiments, surveys and case studies to hermeneutic case studies and various forms of textual, narrative, and discourse analysis. A similar and equally important change has occurred in the person-position of the researcher, from a third-person observer to (also) a second- person collaborator and/or first person participant, often in long-term, collaborative projects." (Barge and Pearce 2004 p25)

3.3.1. CMM as a practical theory

In his 2001 paper Vernon Cronen defines a practical theory as one which

> "informs a grammar of practice that facilitates joining with the grammar of others to explore their unique patterns of situated action. The proximal reason for joining is the cocreation of new affordances and constraints for creative participation in the instrumental and consummatory dimensions of experience. Practical theory itself is

importantly informed by data created in the process of engagement with others." (Cronen 2001 p26).

Influenced by Dewey, Cronen goes on to propose a number of criteria by which to evaluate a practical theory. He first identifies four primary criteria for a practical theory.

> "The four primary criteria are whether a theory is useful for (1) identifying a situation in view, (2) constructing judgements (systemic hypotheses) about that situation that (3) implicate actions leading to (4) the consequence of improving the situation." (Cronen 2001, p29)

3.3.2 Definition of terms in CMM

CMM is a theory of communication and in particular the interactive co-creative quality of communication: how acts of communication are elaborated and understood between people or not and how meaning is developed in interaction.

Definitions of terms have been developed and refined within the theory. The following represents my understanding of the terms used within this project. They are not in alphabetical order but in order of my perceived relevance for this project.

<u>Context</u>

This is possibly the most important concept in systemic practice and is ubiquitous in systemic conversations and literature. The importance and centrality of the concept was emphasised by Gregory Bateson. Bateson has famously said that "without context words and action have no meaning at all. This is true not only of human communication in words but also of all communication whatsoever…" (Bateson 1979 p15) Bateson notes that the concept of 'context' is related to the idea of 'frame' and that both are psychological concepts (1972 p187). He teaches that one must understand the overall conditions in which an episode or speech act is situated in order

to understand the meaning of any event. Further he notes that the context, meaning and event are inextricably inter-related. Bateson shows us that context is dynamic and fluid rather than rigid and set. He wants us to understand context as a part of the thing being observed rather than a set of rules or a stage on which the thing is being performed.

> "I speak of an action or utterance as occurring 'in' a context, and this conventional way of talking suggests that the particular action is a 'dependent' variable, while the context is the 'independent' or determining variable. But this view of how an action is related to its context is likely to distract the reader – as it has distracted me – from perceiving the ecology of the ideas which together constitute the small subsystem which I call 'context.'…
>
> "It is important to see the particular utterance or action as *part* of the ecological subsystem called context and not as the product or effect of what remains of the context after the piece which we want to explain has been cut out from it." (Bateson 1972 p338)

Pearce clarifies the recursiveness built in to the notion of context:

> "…not only do contexts shape what we say and do but what we say and do also shapes the contexts into which we act. The relationship is a reflexive one and that challenges standard linguistic repertoire for explaining 'why' we do things, as well as the grammar for describing it." (Pearce 2007 p 26)

<u>Meta-communication</u>

This is also a concept elaborated by Bateson (1972). He defines meta-communication as a level of abstraction in communication which gives meaning to the content of the words. The words 'good morning' may have many different meanings depending on who says them, what tone of voice and what context in which they are said. In meta-communication 'the subject of discourse is the relationship between the speakers.' (Bateson 1972

p178). Meta-communication is usually implicit and unspoken and gives definition to the context, e.g. 'this is play' or 'I am cross with you.'

This level of communication is crucially important in understanding the meaning of interactions.

Logical forces

This concept forms a central plank of CMM theory. It is a set of beliefs occurring for an individual or individuals in an interpersonal context which a person believes *obliges* them to take an action: 'I had to do it because.' Logical force is the concept in CMM which puts meaning to action. The logical force is composed of beliefs and emotions. My understanding is that logical force is a *felt* imperative to act which includes thinking (cognition) and feeling (emotion). These together create the impetus to act upon the logic, i.e. the force.

> '"Logical force" is more like the force of an argument rather than a physical law; more like the "necessity" of drawing a conclusion or seeing the point of a joke than the "necessity" of a rock falling to earth. However from within the logic, it can seem inexorable." (Pearce 1989 p39)

In this way people feel that they are impelled to act in a certain way. For example 'I had no choice, I had to do it.'

Thus emotions and beliefs interact together to produce the logical or moral imperative to act. Pearce uses the example of how, following the 9-11 attacks on America, the moral imperative to begin the 'war on terror' was driven by the logical force of the reaction to the action of the attack on the Twin Towers and the Pentagon, iconic American symbols. (Pearce 2007)

In this project I aim to examine the logical forces organising the use of physical action in therapy undertaken by therapists.

Pearce states that there are many forms of logics of meaning and action. They can differ greatly from each other and may define many levels of social interaction. For instance 'culture' or 'family' are defined by group members sharing similar logics. However there can be different logics for individuals within a particular category. So for my project the practice of 'therapy' can be defined as having a particular logical force which will vary in application from practitioner to practitioner, depending upon a number of factors.

Of crucial importance is to understand the four separate types of logical force which are applied in an action: prefigurative, contextual, implicative and practical. Each will be discussed below.

The terms 'moral force' and 'logical force' are used interchangeably in CMM literature. Pearce, in describing the development of his ideas in relation to the motivations in operation behind interpersonal communication states:

> "I call this 'logical force'… I might have chosen a different term, such as 'moral force' or simply 'perceived oughtness'." (Pearce 2007, p. 120)

Elaborating the logical forces:

Contextual force

This defines the nature of the episode (Pearce 2007, p 156). Within the contextual force it is possible to discern *hierarchies of meaning.* This is crucially important to my analysis and I will be returning to it frequently.

Here hierarchy is not meant to imply that higher levels have more power or are more important than lower ones but that they provide the context for the one below. The usual arrangement of hierarchical levels and the one I am using here is: culture, professional identity (sometimes referred to as 'script'), relationship, episode and speech act. So for instance, within an interaction the relationship provides the context for the episode, e.g. having

a meal (the episode) with my children (the relationship) is a different experience than attending a formal dinner (the episode) with work colleagues (the relationship).

> *'Contextual force* is the sense of obligation that derives from the definitions of self, other, relationship, situation and so on that one brings to the situation.' (Pearce 1989 p40)

My understanding is that contextual force represents a 'here and now' understanding for the person of their present situation in light of their past experiences and the expectations of them which derive from it.

This here and now emphasis is strongly related to the psychodramatic concept of 'role' (see below). The context strongly determines how the role is enacted.

Implicative force

This is usually shown diagrammatically on the same axis as the contextual force as an upward arrow and changes the focus of the higher level of context. (Pearce 2007 p156) It describes the effect current actions within interpersonal communication have in the context in which they occur. It is a reflexive process which can change the meaning of the levels of context.

> "*Implicative force* is the sense of obligation that derives from the perceived/anticipated effects that one's actions will have on the definitions of self, other, relationship, situation and the like." (Pearce 1989 P. 40.)

Implicative force affects the contextual definitions. This means that the actions in any moment may exert a force upon the way the person conceives of themselves in the relationship and hence it may change self-definition. So for instance if I initiate an action in therapy as the therapist it may have an impact not only on the clients and the outcome of the therapy but also in the way I think of myself as a therapist.

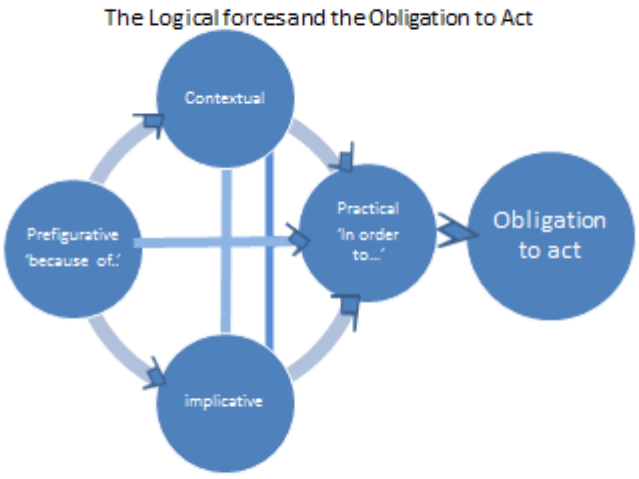


Figure 3.1

Logical forces

Figure 3.1

The vertical axis represents the contextual and implicative forces, with the hierarchical arrangement of contexts relevant to therapy: therapy culture, therapist's script or identity, therapeutic relationship, episode of therapy and therapeutic action. It is comprises of all the meanings relevant to the therapist in relation to themselves and their clients brought by them into the episode.

The horizontal axis represents the prefigurative and practical forces in operation in the moment of action. The prefigurative force is encapsulated in this research as the action or statement immediately preceding the introduction of action: the therapist's 'because of this...' The practical force is understood as what the therapist is trying to achieve in the moment: the next step, the 'in order to...'

Prefigurative force

This "refers to the extant conditions that prefigure the choice of action" (Cronen and Pearce 1985 p74). This is the 'because of', the reasons why a particular course of action is chosen. The prefigurative force may be

conscious or unconscious. It is determined by what happens in the episode preceding the action in question. "*Prefigurative force* is the sense of obligation that derives from things that occur before one acts." (Pearce 1989 p40.) It derives from the person's experience to date and the meanings attributed to it.

Practical force

This "refers to the shaping of one's choice of action by the response the actor desires" (ibid). This is the 'in order to achieve a certain result' of action.

> *"Practical force* is the sense of obligation that derives from the perceived/anticipated effects that one's actions will have…' (Pearce 1989 p 40.)

It is determined by the intended outcome of one's actions.

These can be expressed in the form of a quadrant as in figure 3.1: Logical forces, above. This figure will be used again in the analysis.

Grammar

CMM uses grammar in the Wittgensteinian sense to describe "the configuration of stories and action linked together by logical force." (Pearce 2007 p 232) I find it most helpful to consider 'grammar' as referring to the set of rules which govern a particular discourse.

Rules

The logical forces are governed by two types of rules.

a) Constitutive rules 'relate meanings'. This is what the communication *means.*

> "Constitutive rules are descriptions of what counts as what. For example, some statements in some contexts count as insults while others count as compliments. …

> We were interested in understanding specific patterns of communication …
>
> Some constitutive rules relate meanings at the same level of abstraction while others relate meanings at different levels of abstraction… We might use this heuristic structure to ask ourselves, what is going on in the social interaction among these people?" (Pearce 1999 p 40).

Oliver (2004) refers to these as 'rules for interpretation.'

b) Regulative rules 'determine action'. This is what I *do.*

> "Regulative rules describe the sequence of action. When the deontic operators [see below] are added, regulative rules describe how a person feels obligated (or prohibited, etc) from acting *because of* what has happened previously and *so that* something else will happen subsequently." (Pearce 1999, p 41).

Oliver (2004) refers to these as 'rules for action.'

c) Deontic operators

Deontic operators refer to a specific form of logic developed by Georg von Wright which describes 'oughtness'.

> "Georg von Wright ("Deontic Logic," *Mind* 60 (1951), 1-15) developed a logic in which the operators were terms referring to various forms of "oughtness" and called it "deontic logic." CMM borrows this concept and postulates that all of us live in a world in which, in any given moment, a primary consideration is what we should and must and must not do." (Pearce 1999 p27)

Deontic logic describes those situations when, faced with a number of possible alternatives, there seems to be only one course of action possible in order for the person to feel they are being true to themselves. For instance when the march against the Iraq war in London in February 2003 was

announced, I did not think twice. It was as if there was no question as to whether I would go. I felt I could not not go. To not go would have been inconsistent with a core set of beliefs and values: I felt it as an absolute moral imperative. In CMM terms my regulative rules would have been transgressed had I not participated.

Coherence

Coherence is another core CMM concept. It describes the interplay of consistency and change which nevertheless retains the overall logic of a situation within the individual or group. I understand it as a kind of internal integrity which operates within people and groups to maintain a clear sense of identity. Pearce describes its opposite as 'vertigo'. (Pearce 1999 p34)

Coordination

Coordination, another core concept, is described by Pearce as

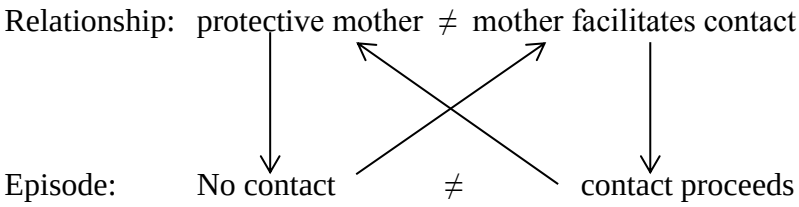
> "*the process by which persons attempt to call into being conjoint enactments of their stories about what is good, desirable and/or expedient, and to prevent the conjoint enactments of their stories of what is bad, ugly and obstructive.* Coordination is the way we 'fit' our actions into those of other people to produce patterns. It does not necessarily entail understanding or agreement with others or that we like or want the patterns we produce." [italics in the original] (Pearce 1999 p12)

Again, this can be conscious and deliberate or out of conscious awareness and habitual.

Strange loops

A particular kind of incoherence and uncoordination is known as a strange loop in communication. These can occur when meaning oscillates between at least two mutually exclusive, either/or, levels of communication, either within the person or between people in relationship. A strange loop is

characterised by a sense of disorientation and confusion. It is a paradoxical form of communication where either set of messages can be coherent but they cannot be applied together. For instance a mother with whom I worked insisted that she absolutely wanted her daughter to have a relationship with her father and at the same time she absolutely believed he had sexually abused their daughter. The overt logic of this meant that she was sending her daughter, whom she loved and cherished, knowingly into what she believed to be a very dangerous situation. The lack of coherence inherent in this situation generates a sense of confusion: the stories are so contradictory that they cannot exist together. In this situation a 'strange loop' can be shown to exist at the levels of relationship, episode and speech act as follows.



When there is no contact the father initiates court proceedings and contact is reinstated with the mother insisting that she does want the child to have a relationship with her father. When contact occurs it stimulates mother's contradictory belief that the father is abusive and contact stops again.

In this situation the child was caught up in a double bind (Bateson 1972) such that she decided herself at the age of five that she would not see her father.

Unwanted repetitive patterns (URPs)

These describe the difficulties which often bring families into therapy. URPs occur in 'a highly predictable situation in which you feel that you *must* say or do something even though you know it will set off an unpleasant, undesirable pattern of interaction." (Pearce 1989 p20). When caught up in an URP people feel that they are not able to do anything different, they must act in a certain way.

3.3.3 The application of CMM to this project.

Oliver (1996), in examining systemic practice, aimed to draw out the criteria by which we assess moral positions. She highlights

CMM's emphasis on 'action' rather than 'knowing' in that she explores moral positions by

> "emphasising the question - 'what did/shall we do and how did/shall we do it?' - which takes us into different territory from when we emphasise 'how do we know what we know?' - the question more central to epistemological concerns... All frameworks of ideas offer the potential for creating freedoms and limits to action. The constructionist notion that we need to look to situated interactions to make a judgement about the usefulness of an enacted idea, is helpful in therapeutic decision making." (Oliver 1996)

In many situations in therapy there are multiple choices for action. The idea of logical force helps to ground decision making in a structure in which the decision of the therapist to introduce action in the moment can be understood.

CMM is described as a theory which focuses on understanding how action choices are made and therefore is isomorphically well suited for my project. That is, as a theory of action it mirrors my interest in action and aims to describe the forces which influence the action of the therapist in the present moment in therapy. Further, by integrating the use of action in the data collection (which will be described below), I have tried to devise a process which reflects and encompasses that which is being researched in a reflexive, integrative and co-evolving way.

CMM is particularly suited for this project as it is the only approach of which I am aware which has the impetus for action at its heart and aims to understand the mutually influencing processes of ongoing action between the actors within an episode.

3.3.4 CMM as a research tool

Though still rare, CMM is increasingly being used as a research method by systemic practitioners and others (Barge and Pearce 2004). In their 2004 review they identify approximately thirty studies in which CMM has been used by systemic therapists either to examine their own practice or in which CMM has been used in the therapeutic process itself in one of its many forms of application.

I am using it here as a conjoint method of analysis with role analysis, a psychodrama construct and tool which is described in the next section.

In their review of CMM as a research tool Barge and Pearce write:

> "To the extent that CMM research is cumulative, it is not as proof of its propositions but as a basis for confidence that the social philosophy which CMM comprises, and the concepts and models which it generates, are sensible (in the sense that they track onto empirical evidence) and useful (in the sense that they help us know how to go forward together in action)." (Barge and Pearce 2004 p13)

Used in this way CMM enables "looking 'at' communication, not 'through' it." (Pearce 1999)

3.3.5 Critique of CMM

The language of CMM can be difficult and complex. The early writing was particularly so. This can make it difficult to comprehend even when the ideas themselves are fairly straightforward when put into plain English. I will attempt to write in as clear and ordinary a form of English as possible. I

will also attempt to make the application and use of the theory clear. In my view this is essential, not only for the coherence of this work, but if the work here is to be of future use to me in my training practice.

The method itself can be cumbersome. As used here it is dependent on reflection after the event being described. There are no video tapes of the episodes described by my participants which are accessible to me and which might allow more deconstruction.

A further critique is that CMM sees everything that happens as action. "The focus becomes conversation as performance – how knowledge stories can be shaped through language." (Oliver and Brittain 2001 p10) In my application of the method the focus is on physical action and how CMM might help to understand how embodied action is introduced.

3.4 Psychodrama Role Analysis: history and rationale

Psychodrama offers a useful tool for this research in the form of 'role analysis' (Williams 1989). Anthony Williams understood action in therapy from the dual perspective of strategic family therapy and psychodrama. Writing primarily for a psychodrama audience he developed 'strategic psychodrama with individuals, families and groups.' (Williams 1989)

Role analysis is a tool Williams expanded for the psychodrama director to use during the course of therapy while in action to analyse the client's or family's dilemma. Whilst it does not explicitly include the therapist as part of the system, the therapist's perception and the way the therapist elicits the information in the action is key to the analysis. Although it is not an attempt to discover the 'truth' it does position the therapist in a particular way to understand the family's or individual's dilemma brought for therapy. It provides the psychodrama director with a hypothesis to test in action regarding the protagonist's role in the dilemma they are presenting.

Moreno (1946/1977) first identified the importance of role analysis for understanding the psychodrama protagonist. For Moreno it consisted of all

the beliefs, feelings and behaviours demonstrated by the protagonist in relation to a specific role. Williams (1989) expanded this idea to encompass a systemic approach.

> "The systemic view demands five rather than the traditional three components of a role in order to conduct an adequate role analysis. The components actually implicit in Moreno's definition… are: context, behaviour, belief, feeling and consequences." (Williams 1989 p58)

He argues that to examine the beliefs, behaviour, and feeling of the individual in isolation only leads to linear, internalised, non-relational explanations. By locating them in a context and then examining the outcome for relationships one is led unavoidably into systemic thinking.

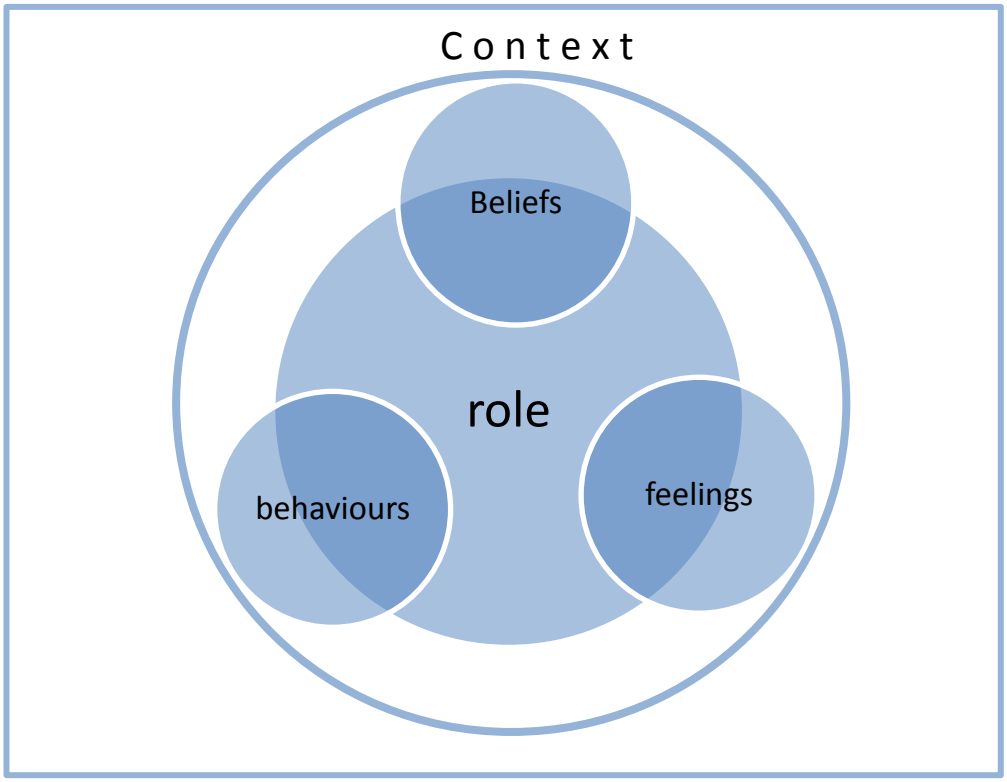
The first step in a role analysis is therefore to define and understand the context: a situation in which the dilemma or problem occurs. As above, context here both provides the frame for the action and is also influenced by the action. The focus is on process rather than content: pattern rather than specifics. So, for instance, parents may bring a child with difficult behaviour. Williams invites us to define the context in process terms. So instead of 'the child refuses to do his homework', the situation is defined in more general process terms such as 'a situation in which the child does not conform to parental requests.' This wider view gives opportunities to explore more closely the client's lived experience.

Once the context is identified, the psychodrama director then explores the beliefs, feelings and behaviours associated with that context. The consequences of the interaction are then explored with a view to identifying potential for change. The role analysis is then tested as a hypothesis by the enactment of other episodes in the person's life when a similar context and pattern has been present.

The concerns and aims of using the role analysis are similar to those of CMM, though apparently Williams was unaware of the work of Cronen and

Pearce and their influence on systemic practice at the time he was writing in Australia. Interestingly both significant texts were published in 1989. I believe the two methods are epistemologically compatible. For both the concept of context is as intended by Bateson (1972) and discussed in more depth elsewhere in this thesis: i.e. that context determines meaning and is also influenced by the action within it. Both are concerned with actions impelled by beliefs and feelings, how the process of change can occur and helping people to live more satisfying and rewarding lives.

A role analysis can be represented diagrammatically:



Role: Functioning form of the individual

Figure 3.2

The psychodramatic concept of role is shown diagrammatically above. The role is called forth by the context in which it arises. It is comprised of the beliefs, meanings and behaviours associated with that context. The role describes the functioning form of the individual in the moment that the role arises. Many beliefs, feelings and behaviours will be available within the individual's role repertoire, however not all will be relevant for the context.

This diagram will be shown in two modified forms in the analysis which follows to reflect the therapist's role in relation to the episode of action and their relationship with the family or individual and the therapist's role in relation to my understanding of the aspects of their therapy culture and therapist identity that is brought into the moment.

3.4.1 The concept of Role in psychodrama

In her film about her father, Nora Bateson includes a clip from a Gregory Bateson lecture in which he says 'a role is a half-assed relationship: it is only half a relationship.' (Bateson, N. 2011)

Had Bateson met J.L. or Zerka Moreno he would know that, at least in psychodrama, the concept of role is embedded in the concept of relationship: one cannot have a role unless it is in relation to someone or something: it is always relational.

> "Role is the functioning form the individual assumes in the specific moment he reacts to a specific situation in which other persons or objects are involved." (Moreno 1946/1977 p iv)
>
> "…psychodramatic role theory …carries the concept of role through all dimensions of life; it begins at birth and continues throughout the lifetime of the individual and the socius." (Moreno 1946/1977 p v)
>
> "The role can be defined as a unit of synthetic experience into which private, social and cultural elements have merged… Every psychodramatic session demonstrates that *a role is an interpersonal experience* and needs usually two or more individuals to be actualised." (Moreno 1946/1977 p184)

It is clear that Moreno always saw the role as arising in a particular context which always involved another, either present with them or carried internally. 'Social constructionism' did not exist when Moreno was writing in the 30's and 40's. However his work can be seen to embody a philosophical stance that straddled the inner and outer psychological worlds of humanity and showed how they are co-created in our contexts.

The term 'role' refers to the enactment of a particular form of self. It is compatible with the concept of positioning in systemic practice. (Davies and Harre 1990)

There is a strong critique of role theory in family therapy (Korobov 2010) as being rigid and not allowing for movement or change. However it is clear that the Morenian definition of role has not been examined and there has been a focus on the sociological literature of role, rather than the psychological or psychodramatic.

Sue Daniel explains role as "a unit of function and organisation, much more than a behaviour." (Daniel 2007 p70) The self, in Morenian philosophy, arises from the roles, rather than roles emerging from an already formed 'self'. Roles can overlap and form clusters. Daniel (2007) describes three main categories of role:

- Progressive roles which carry the person forward and can be used with spontaneity,
- Coping roles which help the person maintain equilibrium and manage in the world, sometimes in adverse circumstances,
- Regressive roles which hold the person back and prevent progress. These are similar to and consistent with the unwanted repetitive patterns (urps) described by Pearce (1994).

Systemic therapists, in my experience, often use the concept of role in two main ways:

- To indicate a position taken in an enactment of a therapy session for training purposes: a role play (interestingly a term introduced by Moreno in 1946),
- To indicate the generic meaning of role in the theatrical sense, as a sort of false persona which can be put on and taken off again.

The problem with using theatrical language in this way is that it can give the impression of being acted rather than *en*acted, i.e. that a role is something that can be put on and taken off again as opposed to the psychodramatic sense of role as being an aspect of the person.

In this project the idea of 'role' is used in the psychodramatic sense: the *functioning form* of the individual at any one point in time in a specific context. (Moreno 1946/1977)

Moreno taught that the 'self' arises from the roles taken in relation to our environment. Using a developmental perspective he identified the emergence of roles in relation to progress through life.

The earliest roles we develop are the somatic roles, such as eater or sleeper. Next come the social roles, those conferred upon us such as 'mother', 'daughter' starting with dyads and triads. Finally the psychodramatic roles develop: those which 'represent the internal dimensions of the self…the thinker, the feeler, the dreamer.' (Dayton 2005 p152) Role definition always involves a noun, as the name of the role and an adjective as the modifier or describer. Hence a 'fitful dreamer' a 'caring father', an 'inspirational teacher.'

In all of these the cultural context in which they arise is crucial to understanding. In a well-functioning individual all the roles exert mutual influence on each other. When people come seeking change it is often because they feel constrained by being stuck in a role that is not appropriate for the situation. Again this is consistent with what Pearce (1989) in writing about communication refers to as URPs, unwanted repetitive patterns.

3.5 Small world figures

In psychodrama with individuals or even in groups, therapists often use 'small world figures'. This is a set of small objects and toys which are unique to each therapist and provide concrete metaphors from which clients can choose as projections of themselves or aspects of themselves or others.

There is no prescription for the qualities or nature of the figures, and they do not necessarily need to be consistent in size or style. Each set should contain a selection of figures which represent different emotional states. The therapists range should include figures can be chosen to represent comfort, fear, menace, thoughtfulness, hope, rescue, etc.

Several psychodrama approaches involve the use of a particular set of prescribed figures. These have a particular application and have been written about (Raimundo 2002, Casson and Steare 2008). In systemic practice the use of small figures has been introduced through a number of sources (McGoldrick, Gerson and Petry 2008, Belas and Josephs 2013). Many therapists of different modalities also use such miniature items, for

instance in sand tray and play therapy. Such objects are regularly used in psychodrama sessions with groups or individuals (Williams 1995). They have also been introduced into systemic practice by a number of practitioners (see for instance Context 126). McGoldrick et al (2008) have described their use in creating genograms. They introduce elements of both playfulness and thoughtfulness. They allow a great deal of flexibility and creativity.

3.6 Application of the methodology

3.6.1 Overview

The methodology is being applied in a complex and multi-layered way.

Semi-structured interviews are used to explore the participants' experience and elicit a description of their practice, training and systemic theoretical preferences. A particular episode of therapy where the therapist introduced physical movement in the room is then explored in relation to the therapist's role and the co-construction of the therapist and client interaction.

The interview covers: an overview of training and theory, an overview of the therapy with the particular family or individual, the description of the episode of action using the small world figures, and an exploration of the process.

A brief narrative account is given for each of the five analyses using the first part of the semi-structured interview format up to the description of the action method or technique.

A CMM analysis using the hierarchical structure is then undertaken to elicit the meaning at different levels of context.

Two roles analyses are then presented:

1) A role analysis based on my understanding of the therapist's understanding of the family's beliefs, feelings and behaviours which elicit the therapist's response of using action.

2) A second role analysis based on my understanding of the therapist's own feelings, beliefs and behaviours in relation to the action taken is undertaken.

A CMM analysis of the obligation to act in the moment is an attempt to show the interactional nature of the use of action.

Issues for practice are identified to carry forward to the discussion.

The interviews were recorded on a DVD and transcribed.

3.6.2 The semi-structured interview

The interview is designed to provide a framework within which several categories could be explored. It is in two sections. The first section explores the participants' past and current experience more generally in relation to their approach to using action.

In particular:

How their personal and professional experience has intersected in the use of action in therapy.

How their professional training prepared them for it and what theoretical orientations are particularly helpful to them.

How they define the use of action in therapy.

The participant is then asked to give an overview of a therapy with a family or individual in which they have used action. They then focus on the episode of using action in the therapy by using the 'small world' figures.

They are asked to reconstruct the scene choosing small world objects to represent each of the players, including themselves and any co-therapist. This allowed the therapist's understanding of the family dynamics and dilemma to emerge.

The scene was then explored using psychodrama techniques such as role reversal and doubling to identify the role analysis for the therapist.

This was followed by a process of reflection and de-roling the figures.

This interview provided the material for analysis. The outline for the interview is included in the appendices.

3.6.3. The Role Analyses

Role analysis 1

This is used specifically in this project to identify how the interviewed therapist understands the client(s)'s situation and how that understanding influenced the emergence of their therapeutic role in the moment action was introduced. The role analysis has been constructed from the way the interviewees have described the clients' concerns and behaviours in the session. For each of the action sessions described I have attempted to reconstruct the overall role analysis which was guiding the therapist in their 'reflection on action' (Schon 1987) during the interview. It represents their understanding of the clients and the clients' situation.

Role analysis 2

This is constructed from the way the interviewee describes him or herself in the situation. This reflects their, not the client's, beliefs, feelings and behaviours as the therapist at the time they are describing. It represents their understanding of themselves.

In general, elaborating on the description above the role analysis is composed of the five elements identified by Williams (1989) as follows:

Context

This is always the overarching pattern or construction of reality which is organising the person in the particular situation.

The next three levels beliefs, emotions and behaviours are recursively inter-related.

Beliefs

These are inferred or distilled from the statements by the interviewee in the transcript. Beliefs are defined as personally meaningful ideas or clusters of ideas in relation to the task at hand. In role analysis 1 these are those identified by the interviewee as relevant for the client system at the time. In role analysis 2 they will encompass the interviewee's beliefs about the therapeutic encounter itself at the time, i.e. the therapist's beliefs about him or herself.

Feelings and emotions

In role analysis 1 this is the way the interviewee identified the feelings and emotions brought by the client(s) in relation to the problem for which they were seeking help. In role analysis 2 it describes the emotions generated in the therapist in the work with the clients.

Behaviours

In role analysis 1 this includes the behaviours which are of concern to the client(s) and which they want to change. These may be either in themselves or in other family members. In role analysis 2 it will include therapeutic behaviours and any adjustments in their own behaviour which the therapist brings to the work.

The final criterion describes how the inter-relationship of the previous three areas situated in the particular context led to the action.

Outcome/ consequences

In role analysis 1, the identified outcome or role which emerges is my construction of the functioning form of the therapist in the moment of interaction with the family based on his or her understanding of the family dilemma at the time: reflection *in* action (Schon 1987) In role analysis 2 the therapist's own beliefs, feeling and behaviours in relation to the problem are examined. The role evoked is similarly identified. This is reflection *on* action (ibid). I would expect the roles which emerge to be nearly identical, a

large discrepancy would indicate incoherence between the therapist's thoughts and actions at the time and in later reflection.

3.6.4 Role analyses and logical forces

The role analysis looks at the specific moment through the lens of trying to understand the other, the individual in the moment. The observer's position is implied, though not explicit. CMM attempts to look at how interaction is coordinated *between* people. Here I am applying CMM to explore both the internal and the inter-relational consistency of a therapist initiating action in a therapy session. The idea of the logical forces is used to deconstruct and understand this in a way which, like role analysis described above, includes thinking, feeling and doing.

The role analyses examine the overall understanding of the therapist. The logical forces identify what impels the therapist to introduce the action in the moment. One cannot understand the moment without understanding the overview.

3.6.5 Implications for practice

Implications for practice are then identified to be carried forward to the discussion.

At the end of each analysis a summary of factors which have arisen as significant for practice are identified. These are summarised at the end of the analysis.

3.7 Data Collection

3.7.1 Selection of participants.

Participants were selected through direct approach. From my position in family therapy education I am acquainted with a number of experienced practitioners who use action methods in their work, many of whom also teach family therapy. The first four participants were drawn from this

personal knowledge. The fifth participant was suggested to me by another colleague.

At the core of the project are the interviews with five experienced family therapists. Two selection criteria were used:

A minimum of five years' post qualifying experience.

No other full therapeutic training in an action modality, e.g. play therapy, drama therapy, arts therapy or psychodrama. Two possible participants were excluded due to their previous professional qualification in an arts therapy approach.

Training in family therapy requires a prior professional qualification. I did not want to interview family therapists who, like myself, had been trained in another arts modality as I am interested specifically in how systemic therapists develop the use of action. It is clear that people may have been exposed to other methods at workshops and conferences. It transpired that my fifth participant had attended a six month course in play therapy. However this was a skills based course and did not lead to a professional qualification. Although it did not lead to a degree or qualification it was highly significant to the way it shaped his practice. In fact it was helpful to have this difference to contrast with the other participants.

I also sought to have gender and cultural diversity represented.

The rationale for choosing the five year period is that I wanted people who were settled in their practice. That is to say, people who had reached a level of felt competence and confidence. I was seeking experienced practitioners who felt secure in the knowledge and application of their approach, method and technique (Burnham 1992). Five years seemed to me an adequate post qualifying period by which practitioners would have found their own style and be able to discuss their practice in a way that might be captured in terms of my methodology: they would be able to reflect on the mutual influence of

the family + therapist system in the moment, and be able to explain their decision to use action in light of systemic considerations.

In other words, by choosing experienced family therapists who remained passionate about their work, I expected the participants would have addressed the logical forces outlined above in the following general ways:

Prefigurative: have integrated their personal and professional experience into their ongoing professional development in a conscious and reflective way and be able to discuss it.

Practical: be able to articulate a clear therapeutic intent regarding the use of action in the session described.

Contextual: have a professional identity which would include a body of theory and beliefs which would guide their actions, as well as a strong sense of themselves as therapists.

Implicative: have an awareness of and be able to discuss the mutual influence of the family and therapist system which would guide the moment to moment interactions in the room. Table 3.1 shows the composition of my participant group.

3.7.2 Pilot

In August 2010 I visited America. Part of the visit was spent with a friend and colleague who is an experienced family therapist and agreed to help me by piloting the interview. I had not brought my own small world objects, however there were ample small objects in his office which we were able to use.

This pilot was a very helpful process in that it confirmed that the semi-structured interview would be helpful. I further refined the interview in line with role analysis. As my methodology had not yet been fully decided it was not possible to see the process through to analysis at that point.

I have included this initial interview in the body of work for this project.

The table below shows the composition of the group of participants.

Date	Participant	Prior professional qualification	Data collection method	Demographic details.	Training Institute	Type of workplace
August 2010	T1 (my pilot interview)	Pastoral counsellor	Video/audio Semi-structured interview. Small world figures* used for enactments	Black American male, in practice for over 25 years. Phd. Systemic Practice educator within a broader field of pastoral care.	IFT*	Independent practice
February 2011	T2	Social work	Video/audio Semi-structured interview. Small world figures used for enactments	British Caribbean black woman. In practice over 17 years. (qual 1993) Systemic teacher, systemic doctorate, independent practice	KCC**	Independent Practice
March 2011	T3	Social work	Video/audio Semi-structured interview. Small world figures used for enactments	White British Male. Qual 20 years. Systemic teacher, CAMHS.	IFT	Tier 3 CAMHS and LAC team
March 2011	T4	Occupational Therapist	Video/audio Semi-structured interview. Small world figures used for enactments	White British woman, Systemic practice 10 years +Tier 4 CAMHS service	IFT	Tier 4 NHS hospital for adolescents
June 2011	T5	Social Work	Video/audio Semi-structured interview. Small world figures used for enactments	White British male, Systemic practice 20+ years. Qual 2006. CAMHS service.	TAVI***	Tier 3 CAMHS

Table 3.1 Participants *Institute of Family Therapy **Kensington Consultation Centre ***Tavistock Centre. All London based training institutes.

3.8 Research Rigour

3.8.1 Ethics

Three of my participants are teachers of family therapy and two of them have been colleagues on the Families and Couples courses at IFT.

The use of action methods in my interview may seem contrived. However the application by each individual was unique, as it is in practice. It was important to me that the research process was isomorphic to that which is being researched. Therefore to use a research tool that is language based alone would have not 'fit' with this project.

The choice of using CMM and role theory together represents an attempt to connect the two broad approaches of systemic practice and psychodrama in a more fundamental way. It has always seemed to me that the two approaches are compatible and fit well together. This project presented an opportunity to explore that more fundamentally.

CMM discusses action in the broadest sense and moves away from the spoken word. The notion of 'speech acts' incorporates movement, posture and non-verbal communication. Role theory, by incorporating beliefs, feeling and actions, also explore the 'logic' of an individual's propensity to act and could be considered to encompass the moral forces in CMM. Where there are clashes between the two these will be noted.

3.8.2 Validity/credibility

As this methodology has not been used in this way before, there are no previous examples with which to compare process or the outcome.

3.8.3 Reliability

One way to demonstrate the reliability of the process is to describe it step by step as I have attempted to do above and will do further in the analysis. By being transparent about the approach those examining the methodology described will have the opportunity to critique it as a reasonable approach to the data.

The complete transcripts of each interview are appended to the document. The method of selection of the particular episodes within the transcripts are contained in the analysis which follows.

3.8.4 Generalizability

Generalizability is a term that is usually applied where large repeatable studies have been undertaken. Qualitative studies tend to be unique, local and not directly repeatable. However in undertaking this research some themes have arisen which I hope may be generalizable in training and supervision of therapists using action methods.

Specifically it is my hope that in undertaking this research I will add to the knowledge in family therapy education of how systemic practitioners might evaluate their decision to initiate action in a therapy session. This should also help other trainers and supervisors who are aiming to help develop the practice of others.

3.8.5 Reflexivity

Barge (2004) considers that reflexive interpretation "works the reader through the differing interpretations that were possible and the process that was used to settle on the final interpretation offered in the research report." It should show how "practical theory as well as the grammar of practice has been elaborated."

Oliver (2014) writes that systemic reflexivity incorporates both a constructivist perspective which is concerned with the researcher's own narratives and personal engagement with the material, and a social constructionist perspective which takes a wider socio-political view. She writes that

> "*systemic reflexivity* aspires to participate consciously in the construction of the system with commitment to accountability for one's part in that construction." (Oliver 2014 p269)

Each of the analyses presented me with a specific problem to solve in relation to the methodology I have developed.

The next chapter will address the analysis.

Chapter Four

Application of the Methodology

4 Overview

This chapter contains the data analysis. Steps one to eight in the data analysis are described below. Numbers in brackets refer to lines in the transcript which relate to the material. Where I have used excerpts from the transcripts I have as far as possible removed the dysfluence (ums, uhs and repetitions of words) of normal speech in order to help the flow of the meaning of the conversation. I have also removed some sections of speech which are either redundant or not in my view relevant. This is indicated with …

Some sequences of conversation are relevant to more than one of the areas under discussion and therefore may appear at a number of places. I have generally edited out my questions and comments. However, where these are essential to understand the meaning of the transcript I have included them in bold type to distinguish them as my comments and not my participant's. However the bracketed numbers refer to the whole sequence which can be referenced by the reader. The full transcripts of all five interviews are appended to the thesis in the order in which they appear here, which is also the order in which they were undertaken.

I have applied the methodology previously described to each of the five interviews in the following way.

Step 1

Taking the interview as a whole I have given it a title based on the episode which is descriptive of the action method applied. A narrative account of the content is then given following the overall structure of the semi-structured interview: starting with the general and spiralling inward to the particular as follows:

- an overview of the therapist's orientation to and experience of the use of action,

- my understanding of their view of the particular family or individual they are discussing in the interview, and their description of their use of action within a particular episode.

Step 2

Using the hierarchical framework established by Pearce (1999) I then examine the whole interview for therapist statements and joint actions (speech acts) in their descriptions which indicate meaning[1] for the therapist at the levels of the context as follows:

Therapeutic Culture: The highest level of context which gives meaning to the levels below. Culture here is meant to include the overarching systemic rules and beliefs which the therapist is using in relation to action in therapy and which they call to mind in their reflections. Culture may have a number of dimensions. For instance it may include theoretical constructs which are guiding the therapist or the operating rules of the organisational system in which they are embedded. I have indicated these as separate categories within culture where they occur.

Therapeutic Script or Identity level:

This level refers to the therapist's rules and expectations of themselves as therapists in relation to using action in general.

Relationship level:

This level is where the therapists indicate the meaning to them of the therapeutic relationship with the particular client or clients.

Episode level:

This is an analysis of my understanding of the meaning of the episode of action being described by the therapist in the interview.

All of the levels may include unspoken information.

[1] Here 'meaning' is intended as including beliefs and feelings which together determine meaning for the therapist.

The aim is to identify my understanding of the meaning to the therapist of the situation in a way that spirals inward from the overarching and rules and understandings to their application by the therapist in the particular situation described.

The speech acts or actions I am using as evidence for my analysis are included by reference to where they occur in the transcript by line numbers in brackets after the quotations.

Some statements may be applicable at different levels. Coherent accounts are characterised by logical consistency across the levels and should make logical sense to the reader.

Where they are inconsistent it is likely that there is conflict in the system.

Step 3

Role analysis 1.

Informed by the data above I then undertake the first role analysis: my understanding of the therapist's shown and described understanding of the family or individual during the episode of therapy under consideration. This is comprised of my understanding of his or her understanding of the beliefs, feelings and behaviours of the family or client, which include both direct statements and meta-communication. Through this process I aim to identify the therapist role that is called forth and active in the interactive episode of action described using the psychodramatic definition of role as discussed in the previous chapter. (see figure 5.1 which appears at each analysis) These are relevant at the relationship and episode levels of context.

Step 4

Role analysis 2

This is my understanding of the therapist's beliefs, feelings and behaviours in relation to themselves as therapists in the moment of action with these particular clients. (see figure 5.2 which appears at each analysis). These are relevant at the

culture and script levels of context) Again, where there is coherence, I hypothesise a high degree of correlation between the two role analyses.

Step 5

Logical forces and the obligation to act

Using the logical forces structure as shown in the previous chapter I then examine the speech act embedded within the episode of action being described which in my view encapsulates the moment the obligation to act takes effect. This is largely determined by the role in which the therapist is positioned at the time and the contextual and implicative forces at work in the moment. (see figure 3.1 page 66 which appears at each analysis)

Step 6

The afterlife of the action is then explored in relation to the therapist's perception of the impact of using action and what they might do next.

Step 7

Reflexivity

The afterlife of the interview is then noted for the therapist if it was included in the interview. Please note that this is not included in every case. I have also noted my reflections on the interview at the time.

Step 8

Implications for practice extracted from the forgoing analyses are then collated to be taken forward to the discussion.

Chapter Five

Data Analysis

5.1 Analysis T1

A Game of Connect Four

Reframing competition and developing cooperation

in a reunited family

Step 1

Personal background

T1 agreed to be my 'pilot' interview. He is highly experienced and has been professionally qualified as a therapist and counsellor for over 40 years (637-638). He gave a clear and straightforward account of his use of action, his systemic theoretical orientation and how he believes action helps therapy.

T1 is a practicing clergyman, which is his highest context of professional identity.

> "I am clergy, the clergy background for me has been always there. And there is a real relationship in my understanding between religiosity, shamanism, and therapy. They are all therapeutic modalities." (76-78)

He completed his family therapy training in Britain in the 1980's at IFT. He lives in California where he has an independent therapy practice, teaches at a multi-denominational seminary, and is an active Methodist minister. He defines himself culturally as African American.

With regard to his experience prior to becoming a family therapist, he considers growing up in his family and attending the black church in his home town in Northwest U.S. to have been highly influential and to have shaped his later professional choices.

> "Well maybe one link is through religious practices. I grew up in a black church that was very emotive and music was always very very powerful.

> And I had a grandmother who would be sitting there and the music would start in her feet and would be tapping. (He starts tapping his toes) The spirit would hit and she would explode. And we would jump back, and it was that kind of expressive church. (Laughs). No one sat still and rigid, you couldn't. People got up, they danced and moved around.
>
> "And the neighbourhood that I grew up in was really very racially mixed. There were different patterns of emotional expression that people had.
>
> "And so I think that that led me to thinking more philosophically about things: the question of 'why'. And I ended up majoring in philosophy in college to try to answer some of those questions of why. And that might have been the formal beginning of trying to explain the inner, the inside/outside of things." (196-208)

T1's general approach to action in therapy

With regard to the use of action his definition is very broad and he considers action to begin with his first visual and physical contact with the clients. This will later influence the way he then introduces action if he considers it therapeutically useful to do so.

He observes how they carry themselves, how they shake his hand etc.

> "Because our building us usually locked in the evening I have to meet people in the parking lot and so I observe when they drive in, how they drive in and where they park, how they park, their movement from their car towards me. The first contact is usually a hand greeting (miming shaking hands): 'how are things going?' We walk together to the elevator and they start talking. I will say, 'let's wait until we get into the room because I have to be, I want to pay attention'. All of that is a huge set of action that I then carry to the room. And sometimes in the therapy I will refer back to, if it seems to me to connect, I will refer back to their carefulness in getting out of their car, their locking. So I try to look at and

> think of every little bit and piece of action as a possible point of reference and so I refer to it and reference back to it.'" (215-226)

The family in therapy

An older sibling, a big sister aged twenty-two, has been given Court approved custody (in the UK it would be called parental responsibility and a residence order) for her three younger siblings: a girl of nine and two boys of eleven and seven. The family is black American. The big sister ran away from home at age fifteen. The implication is that the parents were neglectful and possibly abusive, though that was never overtly stated. The parents were involved in drugs and at the time were serving a prison sentence. T1 described them as 'couplely' not responsible (461), meaning that they had not been able to parent the children safely as a couple. He thought that the elder daughter was unusual in her commitment to her siblings and admired her for taking on the responsibility.

The family were now living together and her younger siblings were challenging her authority:

> "She was getting a lot of sass and so she wanted to, she didn't feel like she could hold it together." (309-311).

She deliberately sought a black male therapist and T1 was recommended to her. Race and gender were important aspects of the referral. The family did not know T1 previously.

He met with the older sister once individually to get to know about the problem and to decide whether or not they would be able to work together.

> "The first session that I had, I said 'what's going on? How, how can, come talk to me, tell me, so that I can know if I can be helpful.' So she named issues of competition, that 'we're trying to become a family', and that that she felt that the competition was tearing the family apart. I said 'OK, I think I can be helpful.'"(481-485)

After that they met together as a family.

The episode.

The main episode of action described is T1 initiating a game of Connect Four with the family members. This begins at 311 of the transcript. He formed the family members into teams, varying the composition so it was girls against boys sometimes and other times it was boy/girl against boy/girl. He developed a repetitive phrase which he used during the sessions reminiscent of Karl Tomm's (1988) embedded suggestions:

> "I would say 'think carefully about your move. Think carefully about your move. You are about to make the move.' And they then began to pick up the chant of 'think carefully about your move'." (323-326)

He also described a second episode in which the children were colouring and had to share the crayons that were available. The nine year old girl expressed doubt that her brother would share the crayons. T1 suggested in the presence of both of them that she ask him and that she might be surprised. This begins at 393 of the transcript, and will be included in the analysis as it is relevant to understanding his approach.

Step 2

The CMM levels of contextual meanings for T1 in this situation.

Using the hierarchical structure I have plotted the themes for consideration in relation to the use of action.

Some themes recur at different levels and a reflexive force can be understood as existing between the levels. Recurring themes are underlined to help the reader.

Therapeutic culture

This is the highest level of context in relation to the task of therapy. This level is principally concerned with the 'why we do it like this' explanations. These are often strongly associated with Burnham's (1992) level of 'approach.'

As T1 is an independent practitioner his professional culture does not consist of an organisation specifically set up for therapy. He does see people for therapy through his church connections where he is a practicing Baptist minister. Here he seemed more focused on how overarching systemic principles formed his therapeutic culture.

We explored relevant systemic theory in relation to action from his perspective. T1 drew deliberately and without hesitation on systemic thinking and theory in relation to his use of action. He identified several elements of his practice which operate at the level of professional culture. For T1 in this interview they were:

> "The ideas of reflexivity, the ideas of reciprocity, of reciprocal influences, were influencing me." (528-529)

Therapy has a purpose and direction: it is goal oriented. (117, 125-131)

> "if a therapist has in mind a goal, then everything that happens, the therapist can try to move towards that goal that the therapist has in mind which originally comes from 'why are we here?', the purpose of the therapy." (435-438)

> "And I think that most therapists have an idea of how to augment, how to try to understand the dilemma that they are working with and to try to understand how that might serve current purposes and if a person comes to them they usually come because they want to get some kind of change. So the therapist has a purpose in this about a direction for change." (119-123)

The importance of observation and noticing. Clients' resources emerge from the interaction with therapy.

> "…so noticing is a part of this and then to ask the question and when things move around, what might that mean? Even minute behaviour: what might that mean? Because that becomes a might, a resource. And so IT IS AN EMERGENCE (said emphatically). And so part of systemic thinking in my way of thinking is that if there is any emergence, then that changes the configuration of other things. 'Cause now we have to take it into

account and by taking the new, now noticed thing into account changes things." (553 -563)

The impact of the physical environment. Related to this are T1's ideas about the environment and how that influences the inner world of the person.

> "I grew up in (town in Northwest U.S) where it is always raining. And (ibid) has a very very high suicide rate. People, and some people have said this is because the weather is so gloomy. And as a child growing up there were a number of suicides in my neighbourhood. And I could never quite understand why this occurred. There are other communities where the sun is shining all the time and the suicide rate seems to be lower. So is there an interplay between the environment, what goes on outside, and what goes on inside? And we tend to explain weather patterns according to emotional patterns. So 'stormy weather' a 'depressed day' …A black cloud of depression is over one's head." (164-174)

Therapist script

This level is concerned with T1's identity as a therapist in this situation. Themes at this level:

Therapist as healer:

> "the clergy background for me has been always there. And there is a real relationship in my understanding between uh religiosity, shamanism, and therapy. They are all therapeutic modalities." (76-78)

The therapist knows what activity is therapeutic: (118)

"So those three things I kept in my mind and I, as goals, of helping them to think creatively and positively about competition, that competition's not bad, that competition can be good, and to think about what does it mean to become a family." (485-488)

The importance of introducing difference into the system:

> "There's some other things about systemic thinking, and that is the idea of novelty, or serendipity. And that is when connections are made, and sometimes connections are made intentionally and sometimes they are made spontaneously and those external connections also have an internal impact. And the furniture inner, the inward furniture moves around; so with a new configuration." (547-552)

The use of metaphor to address things which are difficult to talk about directly was prominent. This is a strongly recursive element for T1. It also occurs at the relationship level and episode levels.

> "…so we've always used metaphorical language, I mean we've used weather, the environment, as a metaphor for what's going on inside. So… my understanding of metaphor is that we refer to something that we can see to talk about something that we cannot see. So we talk about the weather, which we can see, to talk about the emotions which we cannot see. We can see people's facial expressions but that's an expression of something we can't see." (174-183)

Therapeutic Relationship

This level highlights the interactive, mutually influencing nature of the therapeutic process. Here T1's perspective connects with the value of reciprocity at the cultural level. Themes at this level:

Making connections. An important contextual and implicative force in relation to T1's relationship with this family was the religious context of the family.

> "And I think about it because they were a religious family I also asked them, 'what are you gonna do with this in terms of your faith? How does your faith help you to think about these things?' So I tried to find out what it means to them and bring their meaning into the room." (534-538)
> "…Which I think is systemic, and making those connections circular. If they receive, what do they want to give or respond to?" (542-543)

> "…relationships are purposeful. And that people engage in a connection because, that serves some purpose that they may or may not be aware of, and some interest that they are trying to maintain." (36-38)

Relationships are recursive by nature and involve the self, the other and something 'other' which forges a connection. This may be the environment, the context or the transpersonal.

> "But I think that there is also something about a relationship here. That a person has a relationship to themselves, there's the relationship between the person and the counsellor or the therapist in the therapy and then there is the relationship that the therapist has with himself and then there is a relationship that both have with something other, than that they are aware of." (138 – 143)

The use of humour and playfulness is important throughout the therapy.

> "and if sometimes if I notice I say, 'I think I see a smile there…(teasingly) do I see it?' So humour and playfulness become a part of this. And *that* [his emphasis] changes the tenor, the tone of therapy." (568-571)

This is also connected with the use of metaphor which is included here at and the script and episode levels as recursively connected and mutually influential. See the episode level below for a more detailed description of metaphor for T1 and how he uses it.

T1 strongly connected the therapeutic relationship to the goal of therapy.

> "And so therapists working with the client or the family may also have an idea of progress along the way towards that change, the goal. The goals may change as the clients' ideas get changed so they sort of move like basketball players do but they also have an idea of when the change has been achieved or enough has been done so that the therapy part, the formal therapy part, is over." (126-131).

Episode

The action was introduced to work towards the goal.

> "So, I divided them up. I divided the family up. Their whole goal was they wanted to become a family but didn't feel that they were. And since competition was such an issue for them I felt that I needed to get a game where I could accentuate the competition and show both competition and co-operation at the same time. Cause I didn't want to fight the competition but to cooperate in it." (313-318)

Within the episode the goal is repeated.

> "… then I repeated her goal again. I said 'after all we're trying to learn to become a family together.'" (420-422)

I note that the therapist puts himself squarely in the action, i.e. 'we' are trying to learn, not 'you' are trying to learn.

> "And so every bit of interaction, interplay, told me, gave me feedback, positive or negatively about whether or not I was moving in the direction, the larger direction of my goal, or if I was missing it all together." (446-449)

This is also clearly relevant at the relationship level.

Use of metaphor is important at this level and, as noted earlier, recursively up the levels.

Summary

T1's account of his use of action appears to be highly coherent throughout the levels. The issues identified are carried forward to the two role analyses.

Step 3: Role analysis 1

My analysis of T1's understanding of the family in relation to the therapeutic dilemma around which the action was built. Figure 5.1 attempts to show in diagram form how reflection in action relates to the levels of relationship and episode above, and further expands an understanding of T1's use of action.

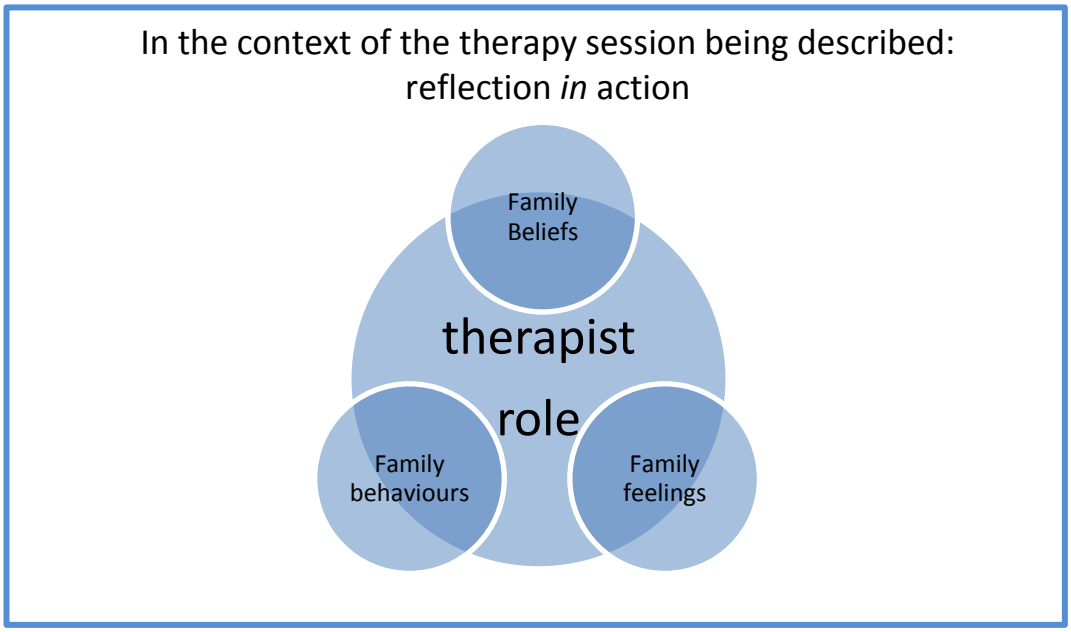


Figure 5.1 : Role analysis 1

This represents the role called forth at the hierarchical levels of relationship and episode. It encompasses the therapist's relationships in the room which may include their client or clients and a co-therapist. It might also include people not present but present in the therapist's mind in the moment as reported in the interview.

There will be many individual or family beliefs, feelings and behaviours which are beyond the therapist's awareness. They may or may not be relevant to the episode. These are represented by the circles which overlap the outside space. Similarly the therapist is likely to have many beliefs, feelings and possible actions which may be relevant to the situation. These are represented by the spaces between the circles inside the therapist role. Here we are considering my understanding of what is in the therapist's awareness in the moment of introducing action in the particular session with the particular family.

Role Analysis 1

Context: The family presented as needing help in 'becoming a family'. The 22 year old sister who was taking over the care of her siblings needed help to manage their challenge to her authority and their competitive behaviour. (relationship and episode levels)	
Relevant beliefs: my understanding of T1's beliefs about the family and its members in relation to the presenting problem.	
The older sibling is brave and extraordinary for taking on this task.	"So if you can imagine a 22 year old who has been on her own, taking on three of her siblings ages 7, 9 and 11. Cause most 22 year olds I know are not wanting, not going to do this. But these were her siblings – she's gonna become of the family." (303-306)
She deliberately and thoughtfully sought a black male therapist because she believed a black male would be beneficial.	"She was looking for a black, male therapist 'cause she wanted a role model."(306-307)
She believed competition between the siblings was a problem.	"So she named issues of competition, that we're trying to become a family, and that she felt that the competition was tearing the family apart." (482-484)
Relevant feelings held in the family as understood by T1:	
The younger ones felt they could not turn to each other for what they needed.	"the nine year old one time asked the seven year old for some Crayolas [crayons] because she wanted one of the Crayolas that he had. And she (big sister) said, how are you gonna get that? And I said that's good. I questioned, then I

	repeated 'how might you get that?' she (little sister) says 'I ain't gonna get it cause he ain't gonna give it to me.' I said 'well, let's think about this, why don't you ask him?' She said 'he ain't gonna do it.' I said 'well, he might, he might surprise you. Ask him.'" (395-401)
There was a strong wish to be together as a family.	"Their whole goal was they wanted to become a family but didn't feel that they were." (314-315)
T1 conveyed his sense of enjoyment of being with the family. T1 spoke in a way that conveyed fondness and positive regard for this family and its members throughout the interview.	"And I also felt myself becoming more compassionate and available, or emotionally available to them. So I knew that something was happening to me. So I assumed that something positive was happening to them because they also kept coming back and not wanting the session to be over." (449-453)
Relevant behaviour in the family in relation to the presenting problem as I understand it to be understood by T1:	
The children were resisting the authority of the big sister.	"She was getting a lot of sass and so … she didn't feel like she could hold it together." (309 – 311)
Big sister would use physical chastisement to try to get control.	"Her way of getting change was to what she called 'pop' them when they didn't obey her. She would pop them, that is (makes an emphatic hit on the table) she would hit them. … No she didn't do that

	in the room 'cause I have rules, I have rules that you don't hit." (384-389)
Big sister's behaviour in the session communicated to T1 that she was taking in a different way of being with them.	"Well what was happening was that she would lean forward and watch the way that I was interacting with them." (383-384)
Consequences/outcome: T1's therapist role brought forth was the "coach of cooperative competition towards the goal of being a family."	

The first role analysis aims to identify the therapist's understanding of the beliefs, feelings and behaviours of the family which then determine his 'functioning form' or role in relation to the family.

Step 4: Role analysis 2

This represents my understanding of the *therapist's* beliefs feelings and values in relation to his role as therapist regarding the particular episode of action described and his self-reflexivity within the episode. The second role analysis aims to identify the therapist's beliefs, feelings and behaviours in relation to himself in the therapeutic role when action is introduced.

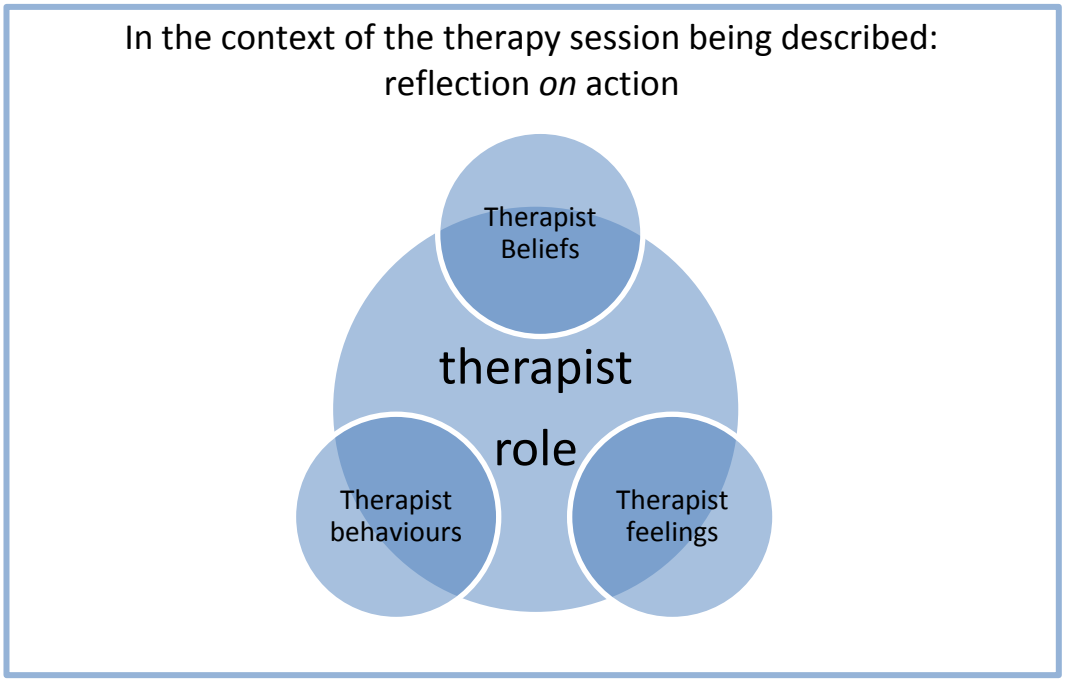


Figure 5.2: Role analysis 2

This represents the role called forth at the hierarchical levels of culture and therapist script. It encompasses the therapist's understanding of what it means to be a therapist in the therapeutic culture in which he or she is embedded. Where the beliefs, feelings and actions are coherent the understandings which emerge are coherent: reflection *on* action is likely to be consistent with reflection *in* action. Where they are incoherent there is likely to be a conflict between the hierarchical levels.

The therapist will have many beliefs, feelings and behaviours available to them which may be relevant to the situation or to the practice of therapy but are either beyond the therapist's awareness or not considered relevant to this situation. These are represented by the circles which overlap into the space outside the role. Similarly the therapist is likely to have many beliefs, feelings and possible actions which may be relevant to the situation, but not within consciousness. These are represented by the spaces between the circles inside the therapist role. Here we are considering my understanding of what the therapist considers to be important factors in the practice of therapy at the higher levels of context.

Though some of what follows can also be considered at the relationship and episode level, it seemed to me that the overarching organising factor was T1's loyalty to his therapeutic culture and identity.

<table>
<tr><td colspan="2">Context: a situation in which the desired therapeutic change is towards cooperation within a family culture of competition.</td></tr>
<tr><td colspan="2">Beliefs: my understanding of the therapist's beliefs about the episode described.</td></tr>
<tr><td>Behaviour of the clients in the session can be punctuated to support the goal of change. Here T1 referred to the incident with the crayons, which was not pre-planned but was introduced by the children and which the therapist picked up and amplified</td><td>"… all of that was spontaneous but it had in mind the idea of trying to become a family and making use of whatever they offered in terms of their behaviour.

So in that sense I think that a therapist, if a therapist has in mind a goal, then everything that happens, the therapist can try to move towards that goal that the therapist has in mind which originally comes from 'why are we here', the purpose of the therapy." (432-438)</td></tr>
<tr><td>Gender was an issue that was addressed in unspoken but conscious ways by the therapist.

In relation to gender, respect for the big sister had to be modelled for the children.</td><td>There was an implication that by choosing an older black male as a therapist the big sister was trying to recruit a respected figure and perhaps did not believe she herself could command sufficient respect.

This respect was enacted in his description of the work. His behaviour supported this belief.</td></tr>
</table>

By positively connoting 'competition' he joins with the family's grammar and influences change from within.	"I kept in my mind, as goals, of helping them to think creatively and positively about competition. That competition's not bad, that competition can be good." (485-487)
Feelings: my understanding of the emotional quality of the intervention in relation to the therapist as he described it. T1 related his feelings to the whole therapy and not just the episode under discussion.	
Intense admiration for the task this young woman had undertaken.	I formed the view that this was a strong emotionally motivating element in the work. Not only did he feel she was very brave, but by taking on the therapy he actively supported her. He expressed no doubt about her ability in the interview.
Excitement for the therapeutic task. This was a statement about therapy in general. However it seemed to apply to this family which he had just been discussing. He spoke with animation and excitement about the work.	"I think what happens is that when I begin to talk about therapy and my work I feel the excitement about it. And it tells me that I'm still interested in and excited about being a therapist." (634-636)

Feelings of reciprocity: that the work with them was also giving him something important. This was on the dual levels of emotional engagement in the work and his learning from it: cognitive and emotional levels simultaneously.	"I did take a video, I had the camera going, the video camera going, because I wanted to learn from what I did. And it changed me in terms of knowing bit by bit, the interplay, whether or not I was connecting with each of them individually and whether or not I was connecting with the reason that they were there, the whole. And so every bit of interaction, interplay, told me, gave me feedback, positive or negatively about whether or not I was moving in the direction, the larger direction of my goal, or if I was missing it all together." (441-449)
Behaviours: my understanding of the therapist's behaviours in the session influenced by his beliefs and feelings.	
His behaviour modelled respect for the big sister, supporting his belief in her in a physical and enacted way.	"…because I thought that gender was an issue I decided that I would always back her play. Whenever she said something I would say, 'that's a great idea, yeah, that's a brilliant idea. Did you hear that, did you hear how brilliant that idea was?' Then I wouldn't wait for their answer. (giggles) Then I would come back with something that would support it and him, her, him and him, [the younger siblings] around that idea." (356 – 362)
Related to this he showed in action how he physically supported the authority of the big	He showed with the figures how he was sitting on the floor and she was in a chair above him. (377-378)

sister.	
He uses metaphor to gain access to the cooperative elements which were unseen. 'Connect four' is a popular family game: it also describes the family's goal. He focused on 'team work'.	"So I divided it up the girls against the guys and then I would switch it around; guys and gals against guys and gals, and then I would be on, I would switch my team loyalties at times and then I played the game with them individually. So I did the individual thing plus the group thing. And every time they were to make a move, I would say 'think carefully about your move. Think carefully about your move. You are about to make the move.' And they then began to pick up the chant of 'think carefully about your move'." (319-326) "…they began to talk about co-operation, they began to talk about team work." (330-331)
He punctuated desired behaviour in the session.	"And so she then asked him [for the crayon] and he handed it to her and I said, (very animated) 'hey woh! Give me five, man, give me five!' and so he hit me five. And I said, 'that is fantastic, did you see that? Did you see that?' so I made a big deal of it." (401-404)
Consequences/ Outcome/role which emerged: This analysis confirms the role as "coach of cooperative competition" with the added role of "appreciative fellow journeyman".	

Step 5: Logical forces and the obligation to act

This section aims to show my understanding of the logical forces which influenced the introduction of the episode of action in the session described by the therapist in retrospect as it unfolded during our interview. It draws on the information contained above.

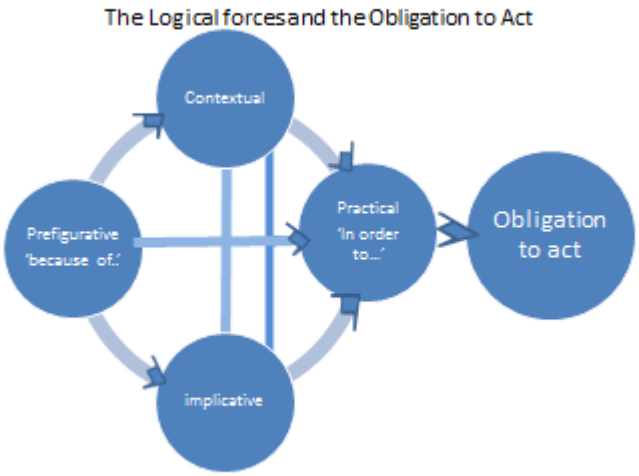


Figure 5.3

Logical forces

Figure 5.3

The vertical axis represents the contextual and implicative forces, with the hierarchical arrangement of contexts relevant to therapy: therapy culture, therapist's script or identity, therapeutic relationship, episode of therapy and therapeutic action. It is comprises of all the meanings relevant to the therapist in relation to themselves and their clients brought by them into the episode.

The horizontal axis represents the prefigurative and practical forces in operation in the moment of action. The prefigurative force is encapsulated in this research as the action or statement immediately preceding the introduction of action: the therapist's 'because of this…' The practical force is understood as what the therapist is trying to achieve in the moment: the next step, the 'in order to…'

The speech act which encapsulates the obligation to act in the episode described by T1 was expressed as follows:

> "And since competition was such an issue for them I felt that I needed to get a game where I could accentuate the competition and show both competition and co-operation at the same time. 'Cause I didn't want to fight the competition but to cooperate in it." (315-318)

The aim of practical force is to influence the direction of interaction between the participants, the 'what happens next'. For T1 this formed part of an ongoing highly coherent and well-coordinated series of episodes.

> "I would say 'think carefully about your move. Think carefully about your move. You are about to make the move.' And they then began to pick up the chant of 'think carefully about your move'. This is what I wanted them to do. I wanted them to think before they act, took and action. And I think it worked. I think it began to work… because they began to talk about co-operation, they began to talk about team work…" (323 – 331)

Step 6: Afterlife

This aims to identify the impact of the use of action on shaping future action from the therapist's perspective.

> "… one of the ways I knew that it had worked was that at the end of each session that I had with them I, the first time, I had what I call a prayer circle. Say we're all trying to become a family so let's join together as a family and let's have a little prayer. And the little prayer was usually about something that happened in the session. 'God help us to do x, y or z.' and then I named each of the persons – help this person do what they were gonna do, then that was it.
>
> "That was the first time. I did not do it again because I didn't want to be the one to impose. So the next time we were going to end the session the young lady, the (little) girl said, 'ain't we gonna have prayer?' I said 'Oh, you wanna do that?' She said 'yeah.' I said, 'why don't you lead it?' and

so her words were about 'help us to become a family.' And so then I knew that they were beginning to get the message." (330-344)

Therapy continues even after the sessions have ended. (131-133) The clear goal of T1 was system transformation. Not only for the family members to do something different in relation to competition but to help the family members to develop a reflective process about what it means to be a family which would endure after the therapy ended. The action was designed with that end in mind.

The work itself seemed to have a profound impact on T1 to the extent that he recorded it, felt he had learned from it and spoke about it in an emotionally connected and moving way.

Step 7: Reflexivity/Afterlife of the interview for me

This was my first time of trying out the semi-structured interview. On the whole I thought it worked well as a vehicle for eliciting the information I was interested in, though at that time my methodology was far from complete.

Unfortunately I did not take a picture of the small world sculpture which was created.

On an emotional level I came away from the interview feeling inspired and uplifted by T1's enthusiasm and the excitement in the discussion.

At the same time I decided that in future interviews I would need to ask for more detail on the episode of action itself. I resolved to ask for more elaboration by the therapist.

Step 8: Issues for professional practice regarding the use of action emerging from this interview

Returning to the hierarchical model, implications for professional practice emerging from this interview can be identified at various levels. There will always be implications for the level below. However I am attempting to place these issues at the highest level of context at which they occur.

Culture

The therapist has a clear co-constructed goal in mind which helps develop action that supports that goal. (117 and throughout)

Therapy continues after the sessions have ended: the hypothesis that the action itself and the meaning of the action has an afterlife for the family (132) and for the therapist, the reciprocity (528-529).

Therapist script/ identity

- Introducing difference through novelty and serendipity. (547-552)
- Therapist as healer. (76-78)
- The use of metaphor in action. (176-180)
- The idea of 'noticing' and the importance of 'emergence' in relation to change through action in therapy. (556-559)

Relationship

Having a shared experience of action in the session helps the therapist to develop empathy and compassion for the clients. (449-451)

A shared experience of action in the session enables the therapist to help the family develop reflection on the action, which then may be generalised to developing reflective processes more generally. (314, 334, 421-2, 433, 488)

These will be addressed in the discussion which follows this chapter.

5.2 Analysis T2

The healer at the kitchen sink:

Finding the extraordinary in the mundane

Step 1

Personal Background

T2 first trained as a social worker, qualifying in 1983. She completed her family therapy training in 1993. She has worked as a family therapist in CAMHS, and is now in independent practice. She also provides supervision and consultation as well as teaching family therapy and systemic practice. She identifies herself as Black British, having come originally from the Caribbean.

T2 uses action methods of various kinds in her work. In particular she uses small world figures much as I do, though she refers to them in a different way. She also mentioned the use of the daisy model, a CMM tool which involves using paper. A theme is put in the middle of the 'daisy', a circle on the page, and the petals are formed of all the issues (ideas, beliefs, experiences, feelings etc.) which are attached to the theme. It is a way of exploring complex issues and allowing contradictions to be examined without cancelling each other out.

With regard to her family therapy training she could recall no specific sessions on the use of action. However she did remember being encouraged to 'use anything in the room' that would further the cause of therapy. For this reason she had not considered any distinction between action and action methods. (53-62)

She also referred to her experience as a parent as influential in her use of action in that when she was helping her son to understand things she would often use things that he could see as metaphors for things he could not see. (100-101). She emphasised that in her training, although they were not specifically physically taught the use of techniques or particular theory in relation to action, they were encouraged to use action. (103-104)

She had not attended any other training to do with the application of action or action methods. (46)

The client in therapy

T2 described her individual work with a middle aged Anglo-Indian woman who was searching for her identity. The client came for two periods of therapy, first when her step-father died, and later when she discovered her husband was having an affair.

T2's client was a professional woman who was accomplished and competent at her job. She had married a white British man and had a son and a daughter. Their ages were not stated, though it was clear they were still young and dependent upon her at the time of therapy.

Her family background was that she was born to a white British mother and an Indian father. Her father married her mother but was also apparently already married in India. He returned to India soon after her birth, never to return. She could not remember ever meeting him. She was raised until the age of seven in the west of England by her mother's parents. At seven her mother took her to live with her and her new husband in East Anglia, effectively severing the relationship with her grandparents.

She was the only person of colour in her family and indeed in her community. Her step father sexually abused her and was violent. When her step-father died it "released a lot of things for her" (144) and she sought therapy.

Following the first period of therapy the client re-contacted when she discovered her husband was having an affair.

T2 described both periods of therapy as having 'faded': "it didn't end neatly… it faded the first time and then she got back in touch with me and then we did another bit of work and it faded." (554-556). T2 did not rule out the possibility of the client getting in touch again at a future date.

On both occasions the client's goal was to explore aspects of her identity.

The episode

There were two episodes of action T2 remembered: creating the daisy and using a stone sculpture, both were used at different times to help the client explore her identity. T2 did not remember the specifics of either episode sufficiently for a full exploration. However she did have a vivid recall of the client and her circumstances. We used the small world tool to explore and expand that recollection.

Towards the end of the session I asked her to give what she had created a title. She called it a kitchen sink drama – a term which I had not heard before. T2 described it thus:

> "To my mind it's those very common place, very dull, but you know that within it there isn't… life isn't dull. Life is kind of waiting, you're waiting to move away from the kitchen sink." (442-444)

Step 2.The CMM levels of contextual meanings for T2 in this situation. Using the hierarchical structure I have plotted the themes for consideration in relation to the use of action.

As previously, some themes recur at different levels and a reflexive force can be understood as existing between the levels. Themes which recur are underlined to help the reader.

Therapeutic culture.

This is the highest level of context with regard to the task of therapy. This level is principally concerned with the 'why we do it like this' explanations. These are often strongly associated with Burnham's (1992) level of 'approach.'

We explored relevant systemic theory in relation to action from her perspective. She is grounded in social constructionist approaches. T2 was trained in a professional culture where she was encourage to use action and employ whatever was at hand to further the course of therapy.

> "I think my training … had made me very aware that I could use other medium, other media. That I didn't only have to talk. Because whenever we learned anything we were encouraged to use lots of things and what sticks in my head is certainly …(name of teacher) when I started to also go on to learn to teach said, 'you should be able to use anything that's in the room, anything that you see whether its magazines or anything, you should be able to use. And I think I just got very used to the people around me doing that… So it just seemed 'that's what you do.'" (29-37)

With regard to skill development, T2 did not think this was particularly addressed in her training.

> "I'm not sure if they [skills] were really covered in the training. I think it was more the ideas that made me think it was ok to do it… the ideas and the reading that we had." (94-96).

She found the reading inspirational. The students also influenced each other and she cited an example of a teacher who was on her course as a fellow student. As part of their team work they developed a certificate for a child in a family they were seeing together. This was based on the teacher's prior professional experience. She pointed out that this was prior to her knowing anything of Michael White's and David Epston's work on certificates (White and Epston 1990) (105-133). The implication was that the therapist was encouraged to follow their 'instinct' and use their creativity in deciding what might be helpful for the client.

Therapist script or identity

This level is concerned with T2's identity as a therapist in this situation.

With regard to using action in therapy:

> "I don't make a distinction; I just think its different ways of having conversations. So I've never made a distinction, I've heard people call it action and action methods and so on, but I never thought of a distinction. It's just you're having a conversation and you are using different ways to enable the conversations, that's how I think of it. So if I need to use the, can I call them 'metaphors'? [Referring to the small world figures]… If I choose to use metaphors it's just another way of bringing a different conversation into the room in a way that people might find easier than using words alone." (53-62).

Theoretically T2 is steeped in a systemic social constructionist tradition and within that the use of action is a way of understanding the meaning of the client more clearly.

> "…and I'm thinking 'what are we making here?' 'What do we want to make here?' how will this help us make what we want to make?' 'What stories do I want to help you bring forth?' So those are the thoughts that kind of guide me. And sometimes when I'm working with someone I'm thinking 'I'm *hearing* now we need to *see* it.' So what can I use to see it?
>
> "What can I use for me to see it and for you to see it and if you saw it what difference would it make? …
>
> "I think 'if I'm going to understand your meaning, because your words might have a meaning that I don't understand, if we are going to together, see if I'm understanding and I'm being helpful, then I need to see what you're seeing in a way that I can ask questions about it.'" (67-82).

For the particular client an implicative force on the therapist's script and the therapeutic relationship between this black female therapist and the mixed race Anglo-Indian client was to do with the issue of race and difference.

> "I think some of the things I was probably thinking about were what was it like to be a mixed race person, interacting with people around you who were obviously not. How did you manage that? I mean her children were, because of course they are part of that relationship. But she'd grown up in a situation where it wasn't. And I didn't know if she felt she could talk it. And who could listen to it. I couldn't know whether she thought she had to dismiss it in order to get on … I thought it was very much around her identity. Part of it was thinking about…what happens to people who are interacting with other people where they are not necessarily getting one aspect of themselves validated and legitimated. … And some of our conversations were how she might do that with her mum, and how she might do that with her husband." (467-479)

Therapeutic Relationship

The relationship itself was connoted as one of healing. Two objects were chosen by T2 to represent herself in the therapeutic relationship: the playful lion cub,

which connoted curiosity and exploration and the Native American shaman which connoted the role of healer in the relationship itself. My understanding was that these figures represented something beyond the content of the sessions and encapsulated the healing quality of the therapeutic relationship.

With regard to the Native American shaman, she chose it tentatively.

> "And also that you're allowed to be a healer and call yourself that in this [the native American] tradition. I don't think, maybe you are allowed to or I recognise it more in that tradition than I do in, or if there was a black one there, not a Native American. …
>
> "So I'm thinking that that would be probably what I'd choose, because I think she had to be able to see me as being helpful. Because our sessions were very easy. We were touching on really difficult things, but our sessions were really easy and she'd go away and do a lot of thinking and then come back. And it felt like all the time we were working together.
>
> "Even if I introduced strange ideas she would take them away and work with them and come back and tell me what she thought about them. So I got the sense that she was really trusting that I could be helpful to her." (517-534)

The issue of the race of the therapist and the racial identity of the client exerted an implicative force on the therapeutic relationship, though this was not specifically explored in the therapy.

> "I do … have a belief that it was important to her that I was black. I have a belief it was but I don't know why." (512)

Episode Level

The episodes of action (use of the daisy and use of the stones) were embedded in a larger coherent plan for the therapy: an overall goal to explore her identity.

"I was using the daisy model, to just get her to look at the many people she was and we used that idea to then look at, to do some scaling work to look at when she was this and when she was that and so on. But what that led us on to do was to use the stones. So there was a sequence of things that we used that brought out different aspects of the story. And that also saw her beginning to embrace different aspects of herself." (158-163)

Step 3. Role analysis 1 – my analysis of T 2's understanding of her client in relation to the therapeutic dilemma around which the action was built. Although the text of what follows is in linear form the reader is referred to figure 5.1, which is reproduced here for ease of reference.

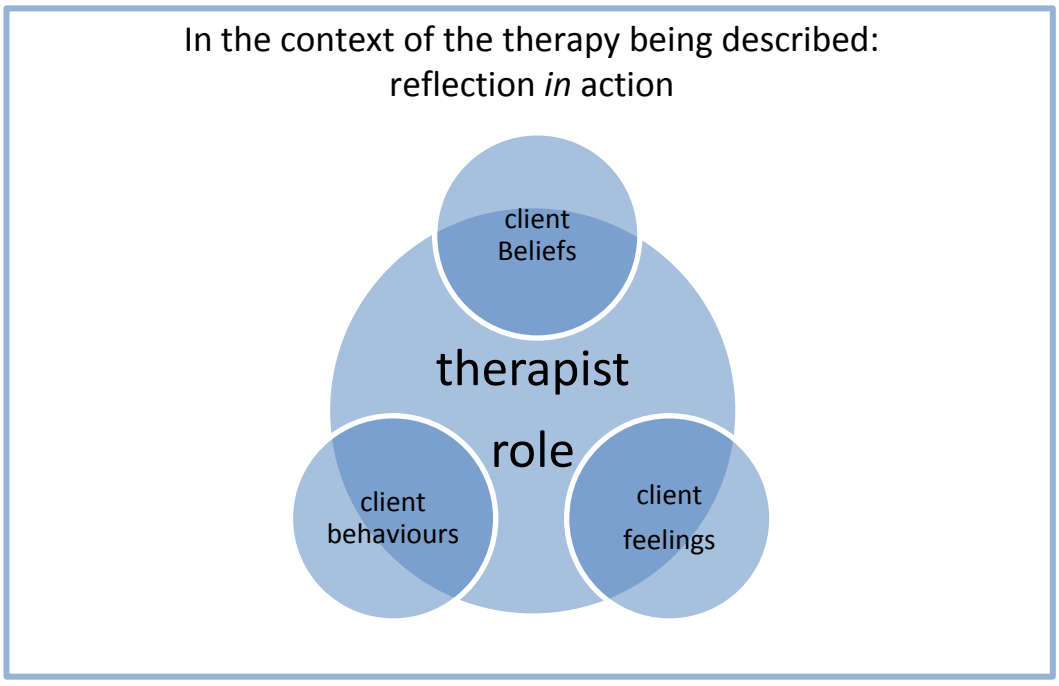


Figure 5.1: Role analysis 1

This represents the role called forth by the hierarchical levels of relationship and episode. It encompasses the therapist's relationships in the room which may include their client or clients and a co-therapist. It might also include people not present but present in the therapist's mind in the moment as reported in the interview.

There will be many individual or family beliefs, feelings and behaviours which are beyond the therapist's awareness. They may or may not be relevant to the episode. These are represented by the circles which overlap the outside space. Similarly the therapist is likely to have many beliefs, feelings and possible actions which may be relevant to the situation. These are represented by the spaces between the circles inside the therapist role. Here we are considering my understanding of what is in the therapist's awareness in the moment of introducing action in the particular session with the particular family.

Role Analysis 1

<table>
<tr><td colspan="2">Context: Exploring the therapist's ideas about the many aspects of the client's finding out "who she could be" (354): a joint exploration and search for identity. In this interview we used the small world figures to explore the therapist's beliefs.</td></tr>
<tr><td colspan="2">Relevant beliefs: my understanding of T2's beliefs about the client and her family members in relation to the presenting problem.</td></tr>
<tr><td>The client's relationship with her own mother was complex and had a number of facets.

a) She was expected to take care of her mother when she was a child.</td><td>"... I think there are many selves but… one of the dominant stories if you like was defending, defending her mum against her step-father." (190-192) (choosing a warrior figure with a mace to represent that identity)

"....'cause I think her mother kind of expected her to half mother her. So when things are going wrong in her relationship [the mother's] she was the</td></tr>
</table>

	one she'd come to." (200-201)
b) Her mother could not help her with her racial identity.	"But when things were going on for her, she was brought up in somewhere like [two towns in East Anglia] or somewhere like that. And would have been the only child of colour around. So for her if things are happening [in relation to race] that her mother just didn't know about." (202-205)
c) She believed herself to be different in the family and the protective role extended to her younger brother.	"And she couldn't tell her [mother] about because, it didn't happen with her [white] brother, who she was supposed to protect." (205-206) (choosing a play mobile child for the brother)
d) The mother had information about her biological father which would be helpful for her to discover more about that part of her identity but also 'turned a blind eye' to the abuse she was experiencing from her step-father.	"I'm choosing that [figure] because she looks half blind. And I say half because one her mother seemed to have a lot of knowledge and so when she was also blind to some of the things that was happening to her daughter at the time and even later… and one eye is covered over with a patch. So I think that might well be her mother." (194-198)
Her client's mother role in relation to her own children was also complex and influenced by her childhood experiences and what it meant to her to be a girl.	"I think I want something warm and cuddly for her [relationship with her] children and that looks the warmest and cuddliest (choosing the dog cuddly toy) because particularly her daughter, she was, she was wanting, she was warm and cuddly to her but she was also very

	aware that as a girl she had to learn to stand up for herself." (263-266)
Her daughter is presented as very trusting and placed straight in front of the armoured up self of the mother.	"Why in front of her? Because of the relationship they have, and I'm thinking this [baby] elephant looks really trusting of mum and knowing that mum is the person to turn to. And I think that's the kind of relationship she was striving for and I think making with her daughter. (307-310)
The 'person of colour' part remained invisible in the work.	"I think that that part was invisible. Even as we worked. It was just that 'I went to see my father's grave *in* India.' I don't even think she met his family or anything. And I think she got the information so she got to the grave, from her mum. So it was kind of like that part of her was invisible. And I'm not sure what it would have meant for her to make it more visible. Because even in the working, it was, in our working together, it was although she acknowledged it, she didn't necessarily want to look at it in any depth." (482-494)
Relevant feelings held in the client's family as understood by T2:	

The client has some conflicted feelings about the relationship between her daughter and her husband, the daughter's father. On the one hand she wants her to have an independent relationship with him as her father. On the other, she wants to warn her against dependency on men.	"So when the affair happened part of her task was helping her daughter forgive her father so that she'd keep her relationship with him but also know that men, you have to be independent from men. She got quite upset that her daughter just took her part without, although her daughter had a good relationship with her dad, her daughter kind of like didn't want to know her dad. So part of her task then was to help her daughter appreciate her dad as a father. Rather than as her [the mother's] husband." (266-273)
The daughter might have also been longing for a closer connection with the mother.	"I don't know, I think, looking at that elephant I think ... she is .. asking or begging... maybe for mum to put down, take down, some of that [armour] so she could see her. And I think this mum did do that." (319-322)
T2's understanding of the client's role in relation to her daughter seemed to have two competing edges: the armoured warrior and the soft loyal puppy. T2 saw the client as caught between competing understandings of her child's needs.	"I think she saw it a lot...[the armoured self of the mother] I don't know whether too much… because when we talked she talked of quite a –how old was she then ... oh, she might have been 9 or 10. And she talked about a girl who was quite understanding of a lot of things but also a girl that was quite wanting to be babied as well… I wondered because of her own experience of having to be quite grown

	up, wanting her daughter not to be as grown up but wanting her to know something of what it's like." (326-322)
Relevant behaviour in the client in relation to the presenting problem as I understand it to be understood by T2:	
One of her identities was of 'a hard worker'. She was engaged in a lot of activity which reflected that part of herself.	"well she was, she was a real hard worker. She was a [names her profession] and she was a trainer and she was out there just working and looking after the children, looking after her husband. She was, if you had something with many hands .. that would be her." (215-218)
The home-keeper self	"This is more than the professional self. This is the self *doing*, looking after the home because she describes herself as 'the home keeper'." (259-260)
T2 understood that the client was actively seeking answers.	"She had gone to her father's birthplace and all she had seen was his grave. Cos he'd died by then. She had lots of questions for her mum about this man she'd married in, when he'd come over from India for a short while. She had lots of questions about her, her grandparents, her mother's parents who lived in [town in western Britain] and who she'd lived with until she was about I think 6 or 7, and then her mother

	carted her all the way over to [two towns in East Anglia] or wherever it was, to grow up. And broke that relationship. (355-361)
The client's husband is presented as a 'shadowy figure.' We never really get a sense of him, even through the eyes of the therapist, though she tried to explore this area.	"so we'd have conversations about well, how much of what we'd talked about have you shared with S (husband)? How did you do that? What was he interested in? I'm curious about that. So we'd have those conversations as she went on … cause she'd wanted him much more involved with the children." (277-283)
Consequences/outcome: T2's therapist's role called forth in the moment: "An accepting explorer of selves".	
T2's use of the action methods was focused in a way that aimed to communicate a non-judgemental acceptance and exploration of the selves of the client and help her to locate her identities.	

The first role analysis aims to identify the therapist's understanding of the beliefs, feelings and behaviours of the client which then call forth her 'functioning form' in the moment in relation to her. These are mainly operating at the levels of relationship and episode. My hypothesis here is that in the above, T2's focus on understanding the client in the context of her wider situation had a strong impact on the formation of the therapeutic relationship and the therapist's role which emerged.

Step 4. Role analysis 2

The second role analysis aims to identify my understanding of the therapist's own beliefs, feelings and behaviours in relation to herself in the therapeutic role in the particular therapy. T2 could not recall enough detail of the action episode of using

the stones. We used the small world figures to explore her role in relation to the particular client.

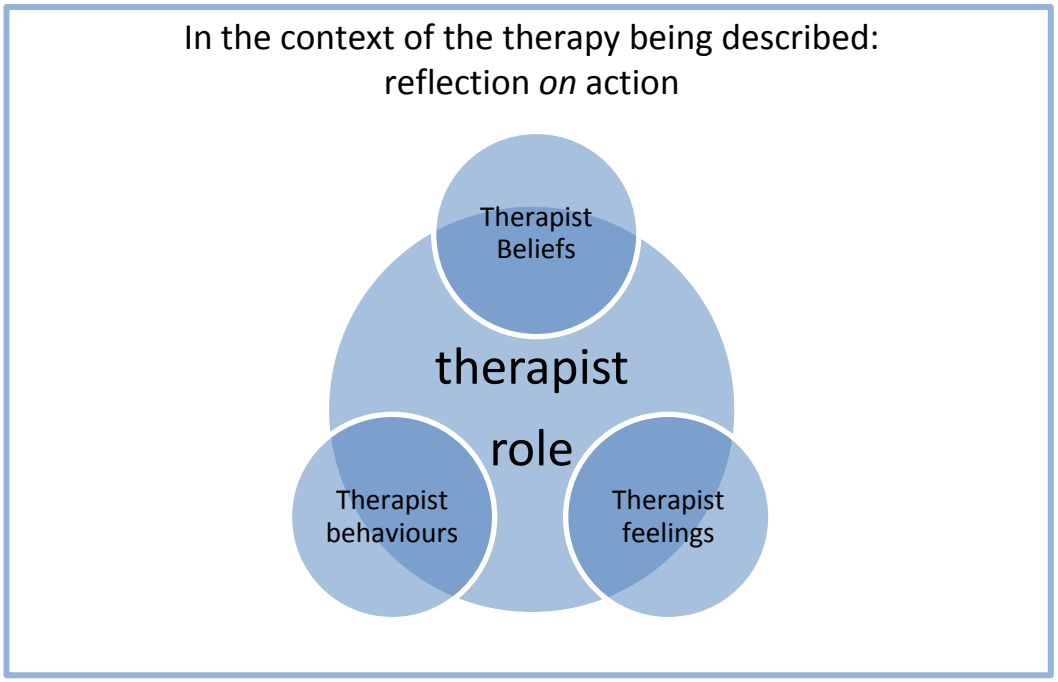


Figure 5.2: Role analysis 2

This represents the role called forth by the hierarchical levels of therapeutic culture and therapist script/ identity. It encompasses the therapist's understanding of what it means to be a therapist in the therapeutic culture in which he or she is embedded. Where the beliefs, feelings and actions are coherent the understandings which emerge are coherent: reflection *on* action is likely to be consistent with reflection *in* action. Where they are incoherent there is likely to be a conflict between the hierarchical levels.

The therapist will have many beliefs, feelings and behaviours available to them which may be relevant to the situation or to the practice of therapy but are either beyond the therapist's awareness or not considered relevant to this situation. These are represented by the circles which overlap into the space outside the role. Similarly the therapist is likely to have many beliefs, feelings and possible actions which may be relevant to the situation, but not within consciousness. These are represented by the spaces between the circles inside the therapist role. Here we are considering my understanding of what the therapist considers to be important factors in the practice of therapy at the higher levels of context.

Role Analysis 2

Though much of what follows can also be considered at the relationship and episode level, it seemed to me that the overarching organising factor was T2's loyalty to her therapeutic culture and identity.

<table>
<tr><td colspan="2">Context: a situation in which the therapist is helping the client to explore her identity.</td></tr>
<tr><td colspan="2">Beliefs: my understanding of the therapist's beliefs about themselves in relation to the client described.</td></tr>
<tr><td>I asked her to find herself in the small world. T2's curious and playful self was placed in the middle of the emerging scene.

She felt a connection with the client as a fellow curious seeker.</td><td>"Can I find myself? Oh, (chuckles) ..... oooh... I don't know. I'm looking at this (lion cub). And the reason I'm looking at that is it seems to me, I'm not sure what he is, but he seems very curious: looking around and what's going on, and..." (241-243)

"Um... I don't know whether that was symmetry, a sort of symmetry I've got that need to have or not. ... yeah, it feels ok there." (246-247)</td></tr>
<tr><td>As the client identified her many selves, T2 saw the therapeutic task as helping her to decide which aspects of self were most satisfying and which might be let go. This was placed in a relational frame by T2, however I understood it at the therapist</td><td>"…because I wanted her to be aware that people would notice her changing as she begun to choose to give up some parts … And to do certain things because she felt she was just carrying it all, she was so competent. …But also it meant she was changing in the way she spoke about things, the way she did things." (280-287)</td></tr>
</table>

identity level.	
The meaning of the 'otherness' of the therapist was not explored during the therapy though there was an acceptance that it was significant to the client.	"I'm not sure because I'm not sure what otherness I would want, I'm not sure. I, I do … have a belief that it was important to her that I was black. I have a belief it was but I don't know why. (509-512)
The healer role emerged as part of T2's identity. She chose the native American shaman to represent the helper part of herself.	"I think she had to be able to see me as being helpful. … (526) … And it felt like all the time we were working together. (529) …So I got the sense that she was really trusting that I could be helpful to her." (534)
The client's physical presentation indicated change. This helped T2 to gauge how well the therapy was progressing.	"I could tell when …she was coming down [the steps], by the time we were working on who she was she was coming down with a bounce. So I knew that things had changed. Q: What did the bounce mean to you? … 'I like my life, I'm liking my life' you know 'I'm feeling good about me in my life'." (557-564)
Feelings: my understanding of the emotional quality of the intervention in relation to the therapist as she described the work.	
Excitement and a sense of satisfaction in the job of helping.	"I think for me when I'm working with clients, there's always this kind of excitement around. Can I help them create something that fits for them but is different, that they haven't thought of

	before? How can I open up, and maybe that's what the curiosity is about." (376-379)
Helping her client discover a part of self that could be playful and joyous gave satisfaction to the therapist. The sense of doing this in a playful way was also important for her identity as a therapist.	"…it kinda brought back some joy and some playfulness into her life which is what she wanted….I think the part that said 'actually I don't have to be working so hard, actually I like myself'. ...it's gotta be a fun sort of thing. I don't know if it might be that [choosing the figure of the tractor and driver] because 'I'm going places and I like where I'm going.' (384-392)
A sense of exploration and discovery in the therapy role.	"It's interesting because what I like about it is the uncertainty when I am doing it. I have no idea what's gonna emerge…" (659-660)
Behaviours: my understanding of the therapist's behaviours in the session influenced by her beliefs and feelings.	
Although they are on the journey together the emphasis and the therapeutic activity is on the process rather than the content.	"How can I open this up in a way, does it matter if I don't know, as long as they know?" …So for me it's always, how am I gonna make a difference? And making a difference for me is about them seeing something they hadn't seen before. Because I'm not gonna know, on one level I'm not gonna know if it's a difference." (379-384)
Regarding the 'otherness' of the therapist and the action method of	"…and I can't remember whether any of it [otherness] came out in the daisy. I really

using daisy, the process of reflection raised the curiosity of the therapist.	can't remember. And I can't remember whether she took the daisy away with her. Because I don't think I've still got it. Now this is making me want to go back and look! So I'm not sure. It's interesting. I had no idea how, I'm not sure." (509-512)
Consequences/ Outcome/role which emerged: The 'respectful exploring healer' engaged in a quest with the client. A role that is coherent with the "accepting explorer of selves" which emerged from the first role analysis.	

Illustration 5.1: the small world of T2

Step 5. The logical forces and the obligation to act.

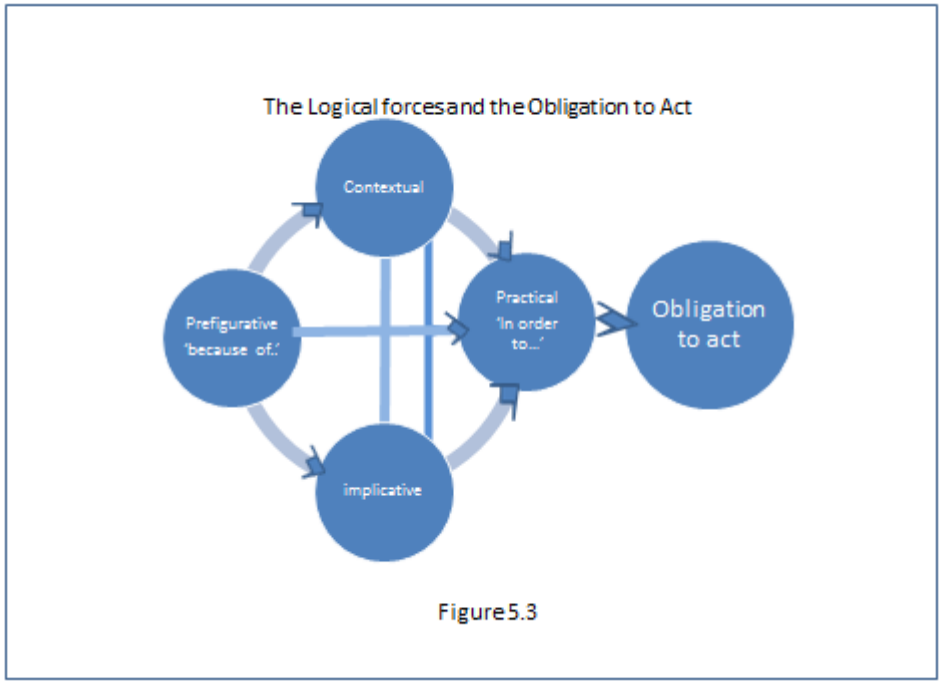


Figure 5.3

Logical forces

Figure 5.3

The vertical axis represents the contextual and implicative forces, with the hierarchical arrangement of contexts relevant to therapy: therapy culture, therapist's script or identity, therapeutic relationship, episode of therapy and therapeutic action. It is comprises of all the meanings relevant to the therapist in relation to themselves and their clients brought by them into the episode.

The horizontal axis represents the prefigurative and practical forces in operation in the moment of action. The prefigurative force is encapsulated in this research as the action or statement immediately preceding the introduction of action: the therapist's 'because of this...' The practical force is understood as what the therapist is trying to achieve in the moment: the next step, the 'in order to...'

Interpersonal logic – this section aims to show my understanding of the logical forces which influenced the introduction of the episode of action in the session

described by the therapist in retrospect as it unfolded during our interview. It draws on the information contained above.

The speech act which encapsulates the obligation to act in the episode described by T1 was expressed as follows:

> "I wanted to help her look at the many selves that she was." (171)

The aim of practical force is to influence the direction of interaction between the participants, the 'what happens next'. For T2 this was expressed as follows.

> "So we looked at how and at that point we did use the stones to look at the different relationships she did have with her husband and the different people she was, so choosing different kinds of stones, different shapes and so on, for which kind of person she was in this relationship with her husband. So we, it was … quite useful for her because then she could decide what she, which side she wanted to grow and which not. And what impact that would have on him and how she would talk with him about it. So it kind of brought it much more into there, but in a concrete way." (411-420)

Step 6: Afterlife.

This aims to identify the impact of the use of action on shaping future action from the therapist's perspective.

In this interview it was not possible to reflect on the outcome of the specific action. However it seemed to raise T2's curiosity regarding the client and she wondered if the client might return to therapy. In her later integrative statements she made the following reflection in relation to herself.

> "It's interesting because, I use these (small world objects) with other people and I've never had it used with me (chuckles) and it's remarkable how hard it is to choose something. But what it did do was get me thinking outside of the box quite a lot. And it's made me think of her differently. So if she comes back I'd be quite excited to work with her

again… So it makes me wonder if she comes, whether I'll see that (armoured warrior) or whether I'll see something else. … It's only when you said 'choose it' and I kept coming and I'm thinking well actually she is. So in using that as a metaphor to think about where she is and what I might introduce in my thinking …" (580-594)

Step 7. Reflexivity/Afterlife of the interview for me.

As she was leaving T2 suggested that it might be a good thing to use the small world figures on a more regular basis, perhaps with colleagues to explore issues in action using this method to see what differences emerge. (692) This made me wonder about the implications for training and supervision in use of action.

This interview raised several issues for me when reflecting on the process of the interview. Again I was moved by the therapist's joy in describing the work, in particular 'the bounce' and her clear delight in the role of therapist in this situation. This was my second interview and the second time the issue of healing had emerged very explicitly.

I wondered if this might become a pattern to explore in relation to action and embodiment.

Step 8 issues to carry forward.

Returning to the hierarchical model, implications for professional practice emerging from this interview can be identified at various levels. There will always be implications for the levels below. However I am attempting to place these issues at the highest level of context at which they occur.

Therapeutic Culture

- Action as another form of conversation.
- Therapists in training might benefit from more guidance about the use of action. (implied in script level - 53-62)
- Bringing learning from prior professional experience is important. (105-133)
- Theory with regard to the use of action can be very general and more specific theory might be helpful.

- Encouraged to try things out in therapy rather than given direct instruction or training in the use of particular methods.

Therapist identity

- Therapist as healer.
- The importance of the therapist having an experience of using the method. (581-585) (afterlife, 692)

Relationship

- The sense of uncertainty and discovering something together through action. (527-531)
- The joy and excitement in the work of creating a shared concrete experience together. (377-380)

These are carried forward to the discussion section.

5.3 Analysis T3

An Uncomfortable Way of Seeking Comfort:

Post Adoption Family Therapy

Step 1

Personal background

T3 works as a senior family therapist (37) in a tier three CAMHS service. He originally qualified as a social worker and worked in a locality team. He then took up a mental health post and undertook advanced social work training specializing in children and families. (52-59). He qualified in family therapy twenty years ago. (275)

With regard to training in using physical action and action methods, T3 has a special interest in autistic spectrum disorders (ASD) and undertook some additional training in relation to ASD assessment which involves the use of action based scenarios. (73-80) This was a very short training which involved a two day course and a manual. (84-86)

He did not think that action methods were covered well, if at all, on his family therapy training and thought that this may now have changed somewhat.

> "[Action methods] probably weren't in people's minds in quite the same way as they are now. I mean I think we were encouraged to think of novel ways to work and to draw from an eclectic range of traditions. But I don't recall specifically having supervised sessions where I might have been encouraged to use an action technique." (275 – 280)

Regarding his practice in relation to using action he stated

> "I think action techniques have been part of my work for many years and I appreciate the broad definition of the term rather than necessarily focussing on a particular method such as psychodrama. I suppose it's emerged almost organically from the work if you like, working with children and people of various ages. It seemed to me appropriate that … you enter into a world which maybe playful [and] might have an element of fantasy. .. I suppose that's in part my relationship to it. I do have certain action approaches which are more related to methods: externalisation, interviewing the internalised other, to name but two. [Also] mini sculpts and paper work after John Burnham. (39- 49)

T3 uses action as part of both assessment and treatment. (62-64) In particular he expressed the view that paper and coloured pens were essential standard equipment in the therapy room available for children and young people.

> "There will always be pens and paper in the room and it would be unusual if at some point over the course of a session a young person didn't gravitate to these. So it introduces a spontaneous medium from which to relate and communicate with the children. And likewise I would be interested in … what they would be drawing and how that would in some way or other relate to the conversations that they were either directly contributing to or may have been contributing to in other ways, not necessarily through their silence but through their attentive listening to the conversations that have been going on around them." (109-119)

In general he thought the use of action facilitated communication. "Principally though I would see these techniques as ways of communication in the broadest sense." (103-104)

As a senior therapist he is also responsible for the supervision and development of newer therapists and the use of action in therapy can have a training element.

> "My relationship with Co-therapist was interesting because I think Co-therapist was keen and very much enjoys the experience of co-work. She was keen to extend her own repertoire of approaches." (477-480)

The family in therapy.

The family described is a post adoption family consisting of mother, father and two daughters aged 8 and 6. They are in the middle stages of therapy, having first been referred in the previous year. The children were adopted when the older child was 4. It is unclear whether the two girls are biologically related. Concerns centre on the older child who has ongoing somatic symptoms with no clear organic cause.

> "…in particular her skin to her arms and legs would become inflamed and significantly aggravated by her picking and scratching. And whilst … I wouldn't necessarily say that she'd been self-harming but at times her arms gave the impression of a young person that had been self-harming in a way that might be characteristic …in a significantly older child. … and this was seen as one of the markers against which her parents were judging the success of the placement and her degree of comfort within it." (160-170)

The second child, though two years younger, presented as much more confident and somewhat dominant. The parents were disappointed that after such a length of time, four years, the children, particularly the eight year old did not seem quite settled in the family.

T3 noted that there was a difference between the parents in relation to the children's pre-adoption experience. The mother seemed reluctant to explore what

the children might have experienced before their adoption. They knew the children had been 'neglected' but knew no detail of their actual experience. Father seemed keener to explore this area.

> "He's [father's] got some very particular ideas about the children's experience prior to coming to them as a traumatic potential within that. While I feel he can say this, I think Mother's at a point where that's very difficult to hear. … And I think we've been quite tentative about that and exploring that… because I'm not sure Mother can hear that." (555-562)

The episode.

T3 described two episodes of action. The first was the use of a drawing the older child had produced while the discussion in the room was in relation to the mother's concerns about the eight year old's lack of friendships at school. This was not action introduced by the therapist, but an action undertaken by the child which the therapist punctuated.

> "One of the substantive things yesterday was in relation to friendships and the adoptive mother's anxiety that the eight year old was struggling in relation to friendships. This was a subject that I've attempted to discuss, with eight year old, and her degree of comfort with it... I'm not sure that eight year old was altogether comfortable with being the focus of our discussion … or the subject of friendships. She listened attentively throughout but very much busied herself around a drawing, the theme of which was the Wizard of Oz." (177-188).

The second episode of action, and the one which will be the focus of this analysis, consisted of a physical enactment in which the therapists organised the mother and both children to 'have a cuddle'. The intent was to help them towards their goal of more closeness and comfort. The episode itself was brief and interestingly there was a sense in which the therapist's sense of time was affected.

> "I mean this was an exercise that may have lasted 2 to 3 minutes, it may have lasted 15." (521-523)

This second more detailed episode caused the therapist some discomfort (to use his term) when he reflected on it and was described in some detail. He and his co-therapist, both parents and the children were present. The episode itself starts at line 288 of the transcript.

Step 2 The CMM levels of contextual meanings for T3 in this situation

Using the hierarchical structure I have plotted the themes for consideration in relation to the use of action. Some themes recur at different levels and a reflexive force can be understood as existing between the levels which either confirms or challenges the meaning at other levels. Where these occur they are underlined to help the reader. T3 provided some complex issues.

Professional culture.

This level is principally concerned with the 'why we do it like this' explanations. These are often strongly associated with Burnham's (1992) level of 'approach.'

Within his professional work environment the following beliefs and orientations to the work were identified either explicitly or implicitly by T3.

a) Workplace culture.

Action is useful in both assessment and treatment.

> "I suppose there's two elements to that: as part of assessment and then as part of a treatment response to the children and families that I see." (62-63)

More senior family therapists have a training role in relation to newer family therapists and there is an expectation in this professional culture that the more senior therapist would provide new experiences for the junior member of staff, as previously noted.

Power

The issue of power in was never overtly discussed in the interview. However it has emerged in the analysis as important. Although it is noted here at the level of

culture, it seems to also become significant at the level of therapeutic relationship. I have included it here as my understanding of the CAMHS culture in general is that there is restriction of access to services and that CAMHS services have criteria which must be met before a service can be offered. In his description it seemed that the family may have had to wait for therapy and therefore I hypothesise that they may have been keen to 'follow the rules' and be 'good' clients so they could get help. Therefore it may have been difficult to turn down the invitation to action.

> "…the referral came last year after a number of years during which the parents had … I hesitate to use the word 'struggle' but I think their expectations at this point were that the older of the two children would be more comfortable within … you know, within the family." (156-159)

b) Theoretical culture

Systemic action methods exist within the repertoire of possibilities for therapy and may be related to specific models or to more general systemic ideas. (Previously noted 47-49).

Therapist identity.

This level is concerned with T3's identity as a therapist in this particular situation. This emerged as a very important level of context for T3 and it seemed to me that there were some contradictions. Several themes emerged as follows.

Action emerges organically from the work. Again, this has been previously noted at (39-43) of the transcript.

The inter-relationship of therapy with <u>comfort and discomfort</u> became a dominant theme throughout the interview. It formed both part of the therapist script from a contextual perspective and also seemed to become a strong implicative force as the reflection on the episode continued during the interview. The therapist introduced the idea of comfort and discomfort into the conversation nineteen times. Fourteen of these related to the comfort or discomfort of family members in the session (147, 181, 185, 190, 240, 242, 385, 440, 453, 486, 517, 582, 585, and

587). Three instances were in relation to the family's presenting difficulty and their comfort/ discomfort at home. Two, towards the end, were in relation to the therapist's reflection on self (610 and 611). One was regarding his concerns about his co-therapist's comfort. (517)

Most of these are explicitly referenced in the rest of the analysis which follows. It is not clear how he distinguishes comfort from discomfort.

Power in the therapist's professional script also seems to be related to the theme of comfort in both contextual and implicative ways. One hypothesis might be that the therapist was trying to protect the mother from having to explore painful issues from the children's pre-adoption experience.

> " And I think we've been quite tentative about that and exploring that. … because I'm not sure Mother can hear, hear that. I think Mother's at a point where that's very difficult to hear … And I think we've been quite tentative about that and exploring that… Eh because um I'm not sure Mother can hear that." (555-561)

Power may have been a strong underlying factor in the discussion of the use of the action at the therapist identity level particularly in relation to the gender roles of the mother and father and indeed the therapy team. Another hypothesis at this level is that the team was isomorphic to the parents in that the female member of the team was less experienced and seen as junior to the lead therapist. In a similar way the therapist held a view of the father as more able to face the children's pre-adoption experiences.

> "there are times when Father is a resource [which] isn't exploited by Mother as he might be. He's got some very particular ideas about the children's experience prior to coming to them as a traumatic potential within that. While I feel he's he can say this. I think Mother's at a point where that's very difficult to hear." (553-557)

Comfort and discomfort. Strongly connected to the theme of power the issues of comfort and discomfort were prominent in relation to how the therapist viewed his

role. These came to light in his description of his discomfort with the episode. Towards the end of the interview I directed attention to this.

> **Q: "So do you believe that people shouldn't experience discomfort in therapy?**
>
> "I'm probably very mindful of their comfort in the work. And it may well be, you're right, that you know, that my tolerance for their discomfort is an issue." (585-588)

Other themes emerged at the therapist script/identity level:

a) the importance of playfulness.

> "It seemed to me appropriate that to engage you enter into a world which maybe playful, might have an element of fantasy" (43- 45)

This theme also occurred at the episode level.

b) The belief that children in general are helped to access spontaneity when presented with creative materials and this activity is relevant to the therapy in some way. T3 considered an important part of being a therapist to have materials available for children to express themselves in ways other than verbally. (109-117).

> "if a child spontaneously uses the material, I might comment or observe how they are using that material and develop with the child a conversation about their activity and how that might in some way connect to the conversation that we're having." (131-134)

Therapeutic Relationship

This level highlights the interactive, mutually influencing nature of the therapeutic process. Several themes emerged here:

a) The recurring theme of comfort and discomfort appeared here as elsewhere.

b) The issue of power in the therapeutic relationship may have become evident through the somewhat defensive way the mother complied with the task.

> "Well she did say that this is something that we do at home... Something we do quite a lot of. And I think I might've again, reflecting later… if I'd been quick at the time thought, she's perhaps telling us she's not quite entirely comfortable with this." (450-454)

Perhaps her reaction challenged his therapist script as comforter in an indirect way and therefore paradoxically called forth more of his comforter role.

It also seems that T3 may have become somewhat symmetrical with the client in relation to the task.

> "I wanted to step out of a kind of analytical frame… That's right I think mother, eight year old's mother, said that she had this very analytical quality and she wondered at times whether or not she over analysed." (374-377)

He may have given the impression that it was the mother who needed to change.

The parents clearly felt the need for help having asked for therapy the previous year as stated above. Therefore one can hypothesise that it would be important to the mother to preserve the relationship with the therapists, even though she may have felt uncertain and possibly criticised in the task presented. This may have had implications for her in relation to power in the therapeutic relationship in that she may have felt she could not challenge the therapist.

The rivalrous relationship between the two sisters became an issue in the therapeutic relationship. T3 experienced a dilemma in knowing how to manage their rivalry in the therapy room as well as supporting each of them. (227-231, and 250-257) (quoted in the role analysis below). Again, it may be that the theme of competition became acted out to some extent in the therapeutic relationship. In particular the mother in saying "this is something that we do at home… Something we do quite a lot of" (450-451) was understood by the therapist to be a

challenge to the effectiveness of the therapy. This issue will be taken up again below.

In addition to his relationship with the family, his relationship with his co-therapist/co-worker was also significant. He felt a strong sense of obligation to get it right for her in terms of her developmental needs as a therapist in relation to experiencing action methods (475). The conversation at the end of the session which functioned to develop a joint understanding of the use of the action in the session was also important to him at the relationship level. (484 quoted below.)

The post session reflection between the therapists seemed important for the co-work relationship as well as understanding the episode. In that sense the co-working relationship became an important context for understanding the episode.

> "but I suppose for me I was kind of reflecting quite hard as well at the end of it and fortunately Co-therapist and I were able to have as we traditionally do we have 5 or 10 minutes debrief after the session." (529-531)

Episode

The enactment is described:

> "And I think with that we thought well is there not a way that we can make this a more experiential opportunity. And to try and you know extend something about the way that we are working and resources that we had open to us. …
>
> "an invitation went to Mother, and to Father but I think I must've picked up on something we'd been talking about which was comfort in relation to mother and invited her and 6 year old to arrange the furniture, to arrange the materials which were in the room such that we could …model an episode whereby they were very close… Mother was responding to eight year old as if she were a younger child and eight year old was connecting to that younger child within herself something which she was prone to do in any event but we would do it in the room quite consciously using some

> rather large cushions and other materials… I think we had Mother's coat. So Mother and eight year old to start with, later joined by 6 year old, had a cuddle." (379-395)

T3 seemed to have two contradictory experiences in the episode: the children's enjoyment and the mother's discomfort. This is elaborated below. T3 also clearly felt discomfort in the way he had set up the action. It seemed to emphasise the distance between the therapists and the family and more importantly, between the mother and father.

> "whilst Mother and the children were active in this process, on the floor, that we had remained seated…That we were at a distance… and that if you like, Mother was having to take all the risk." (486-489)

He was also aware of his co-worker.

> "my co-worker and her comfort with this" (517).

I began to form the hypothesis that in his attempt to be loyal to his therapist script of not causing discomfort to the family he may in effect have been avoiding some very important issues for the therapy, i.e. the children's pre-adoption experiences. He clearly did consider this important as, surprisingly, during the enactment of the cuddle he invited the children to reflect on their earlier experiences.

> "And it very much conveyed the… certainly the children very much conveyed the impression that they were enjoying this experience. And we wondered you know about was eight year old's contribution you know as … she was enjoying this and she was reassuring us that she was enjoying it. And we talked about how a younger child might have enjoyed that and perhaps not all children do enjoy that. And we wondered maybe whether or not it'd always been their experience that eight year old might enjoy that level of comfort." (407-415)

This seems to be in direct contradiction to his understanding of the mother's discomfort in discussing her daughters' pre-adoption experience. It may have been experienced as a challenge by the mother.

The particular therapy session was described as having an 'open agenda' (172). I took that to mean that the agenda for particular sessions were co-constructed by the therapists and the family in the session.

However, the overall goal of the intervention seemed to have been established as helping the girls to feel more settled in the family. The therapist's intervention was targeted at this goal. It is strongly implied that the therapist's intention by initiating the physical closeness of 'having a cuddle' in the therapy room would be a way towards achieving this goal.

It seems that the therapist had competing agendas in relation to comfort and discomfort. He did not wish to cause the mother discomfort in relation to her wish to not know about the children's earlier experience. At the same time he seemed to think that understanding those experiences were important if the goal of the children settling in the family was going to be achieved. This may have provided a challenge to the therapist script of 'I must make people comfortable in therapy.'

A number of other themes emerged at the episode level:

a) Playfulness was important at the episode level. This was particularly true for the father (450 as earlier) and for the children (528 and 581 expanded below).

b) Power. In the episode the mother was asked to take the major role and, as the therapist said on reflection, "to take all the risks." (489) Father was given an observer role and remained physically on the same level as the therapists, which was above the action taking place on the floor. (399-402) Again, the mother may have felt singled out as the parent with most difficulties even though that was not the therapist's intent.

There is an apparent contradiction in the therapist's behaviour in the episode in that whilst he states that the mother is not able to think about the trauma suffered by the girls prior to their adoption and seems to want to protect her from that, at the same time he also seems to be evoking their reflection on exactly those experiences by the enactment.

> "And I think the theme if I recall correctly in my session with my family here had been the likelihood of neglect and trauma in the children's early life. It's interesting that eight year old had come to this family at the age of 4 and it appeared had very little recall of her life before that time. So I think we were wondering how it might be that we might be able to engage both children in thinking about a time in their life before they came to…live with…" (347-354)

It seems that T3 may have been caught up in a strange loop. I will say more about this below when examining the logical forces.

Within the episode described the issue of the relevance of the episode of action to the overall therapeutic aim was raised, again implicatively by the mother.

> "In in this setting, in this context…at that point she wasn't seeing how this might be relevant …to the therapy. There was a gap for her there." (457-459)

In summary there were a number of contextual and implicative forces at work during the episode being described. However the main themes to emerge were two: those connected to comfort and discomfort, which were highly stated and in the forefront of the therapist's mind in the discussion, and those related to power in the therapeutic context, which were unstated and may have been non-conscious at the time, but became more conscious on reflection. This includes the issue of the relevance of the action to the therapy.

These two elements are clearly reflexively connected and will be brought into the discussion below.

Step 3. Role analysis 1

This is my analysis of T3's understanding of his client family in relation to the therapeutic dilemma around which the action was built. Although the text of what follows is in linear form the reader is referred to figure 5.1, which is reproduced here for ease of reference.

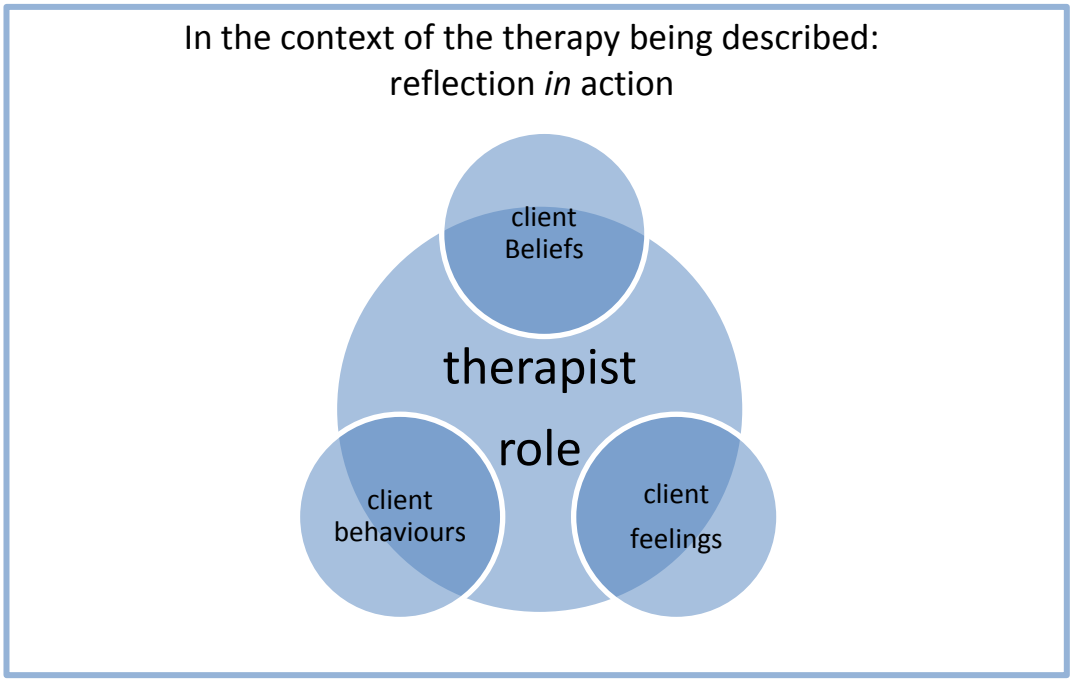


Figure 5.1: Role Analysis 1

This represents the role called forth by the hierarchical levels of relationship and episode. It encompasses the therapist's relationships in the room which may include their client or clients and a co-therapist. It might also include people not present but present in the therapist's mind in the moment as reported in the interview.

There will be many individual or family beliefs, feelings and behaviours which are beyond the therapist's awareness. They may or may not be relevant to the episode. These are represented by the circles which overlap the outside space. Similarly the therapist is likely to have many beliefs, feelings and possible actions which may be relevant to the situation. These are represented by the spaces between the circles inside the therapist role. Here we are considering my understanding of what is in the therapist's awareness in the moment of introducing action in the particular session with the particular family.

Role Analysis 1

Context: Middle stage of therapy with a post adoption family seeking to connect with each other with more ease. The parents were disappointed that the children were not more comfortable in the family.

Beliefs: my understanding of T3's beliefs about the family and its members in relation to the presenting problem.	
a. These are good parents with different skills and resources – father's resources may be under-used. They are loving and committed to the children.	"And I have a lot of regard for Father, … his calm and rather reflective style, though that's not immediately apparent on his appearance. (he chose the Tasmanian Devil figure to represent the father) He's very much 'a man's man,' ok Very blokish. (305-308)
b. Mother seems to be the more dominant parent.	"who's next? Let's have um let's have Mother… Mother's a very elegant lady, very connected to her two girls. And very very concerned to do a good job by them… so if we have Mother present. (choosing the colourful parrot)" (308-312)
c. Mother has unresolved issues from her own history – three generational history of sibling rivalry between sisters. T3 believes this unresolved issue may be being activated by interaction with the daughters who have very different characters and are rivalrous.	"If I reflect on the session, one of the things to emerge was three generations of sibling relationships that had a competitive, rivalrous element. The mother who had a younger sister, the mother's mother that had a younger sister who died tragically at the age of 11 and eight year old and 6 year old's relationship which has this competitive, rivalrous quality." (226-231)

d. Father believes that the children may have suffered pre-adoption trauma which they are unable to talk about, maybe cannot remember and that it would upset the mother to discuss it.	"He's got some very particular ideas about the children's experience prior to coming to them as a traumatic potential within that. While I feel he's he can say this. I think Mother's at a point where that's very difficult to hear right now and ... I think um we've been quite tentative about that and exploring that… because I'm not sure Mother can hear that. (555-561)
e. T3 also believes that the mother may be fragile in relation to the possible pre-adoption experiences of the children, especially the older child.	**"And if she could hear it what would it, what difference would it make? I mean it sounds like you are worried about the impact of it on her.** "Well, I'm glad it's been said, and I think it's something that we can come back to, it can furnish our conversations in the future… but I'm not sure she's ready to have the conversation and about that, bearing in mind that I think it would increase her anxieties considerably." (561-569).
f. At the same time T3 believes that the mother is 'over-analytical' in trying to explain the situation at home and would benefit from making a more emotional connection with the children. He accepts her self-	"… my sense was that that I wanted to step out of a kind of analytical frame… That's right I think eight year old's mother said that she had this very analytical quality and she wondered at times whether or not she over

description as over-analytical. He and the father seem to be in agreement about this and the mother seemed to be accepting this position.	analysed." (375-377) "..arising from an earlier conversation [with father] which spoke to Mother's kind of analytical quality. I think he might've thought well this is not just our heads talking, this is whole bodies. Mother again appeared to welcome – so I'm just moving on now to Mother (figure). Yes. She seemed to welcome the attention from her daughters, there was certainly no hesitation on their part to kind of engaging in this rather playful way." (445-451)
Involving children in an activity in the room can give them a focus which will help with emotional regulation, especially when difficult issues are being discussed.	"I suppose I have to say that my curiosity in relation to the drawing was both in relation to the content of it but also the process by which this was somehow moderating her experience of the session. And so it had that part to play in… "well I think it gave her a place to which she could if not retreat, she could return to in order to kind of regulate her presence in the session, which potentially was gonna throw up arousing issues…

	"so being able to kind of move back into this world that she had created through her drawing I think she was able to manage the session." (197-209)
Feelings held in the family as understood by T3:	
a) Anxiety on the part of the parents that they have not yet gelled as a family according to the parents' expectations.	"the referral came last year after a number of years during which the parents had, I hesitate to use the word 'struggle' but I think their expectations at this point were that the older of the two children would be more comfortable within you know, within the family." (155-159)
b) Worry that the somatic problems of the older child may indicate a deeper level of disturbance, possibly setting her up for self-harm in the future.	"And at the time she was experiencing somatic symptoms. In particular her skin to her arms and legs would become inflamed, significantly aggravated by her picking and scratching and whilst I wouldn't necessarily say that she'd been self-harming but at times her arms gave the impression of a young person that had been self-harming in a way that might be characteristic or … I'd be more familiar with in a significantly older child… and this was seen as one of the markers against which her parents were judging." (159-167)
Behaviour in the family in relation to the presenting problem as I understand it to be understood by T3:	

a. Rivalry and competition from the younger girl to the older one introduced confusion in the parents on how to behave, what to do. This was mirrored by the therapist.	"there were 2 moments. One, when her sister, this is 6 year old, sat down at her sister's artwork and attempted to draw all over it, which was one thing… the other was when they were talking about the Wizard of Oz and 6 year old, a very confident … you have the impression of a very forceful young woman, stood up and was going to explain the narrative…. (248 – 253) I suppose what it illustrated for me was the dilemma that that 6 year old and eight year old's parents must have. How do they position themselves in relation to this very active, dynamic young woman, 6 year old, if you like appreciating this quality to her which is very confident and not wanting to suppress or inhibit that, whilst at the same time support eight year old in the development of her voice." (257-268)
b. Mother takes responsibility, tries to understand and become 'analytical' and father becomes an 'under-used resource' in the face of the confusion.	"And that there are times when Father is a resource isn't exploited by Mother as he might be." (554)
c. Caring but quiet presentation of the older child.	"eight year old: warmth, affection, very much a sense of caring for others. I mean that could be in relation to her sister, her mother, Mother, equally her peers. If any of her friends were to let's say fall over in the playground the story

	is that eight year old would be the first to have been there and administrate." (357-362)
Consequences/outcome: T3's therapist's role in the moment.	
T3 understands the parental dilemma as a need to make a more meaningful emotional, as opposed to intellectual, connection within the family that meets both children's needs and the needs of the parents to affirm them as good parents. He sensed the mother's unease in the task, causing him some discomfort. The role which emerged in the moment is that of 'uncomfortable connector.'	

The first role analysis aims to identify the therapist's understanding of the beliefs, feelings and behaviours of the family which then call forth his 'functioning form' in the moment in relation to the family. These are mainly operating at the levels of relationship and episode. My hypothesis here is that in the above, T3 was faced with contradictory information which he could not resolve in the moment. In the face of this he seemed to decide to privilege the relational aspects in the here-and-now and encourage the physical connection. However, this did not address the underlying issue of the different meanings of closeness to the family members.

Step 4 Role analysis 2

The second role analysis aims to identify my understanding of the therapist's own beliefs, feelings and behaviours in relation to himself in the therapeutic role in the particular therapy.

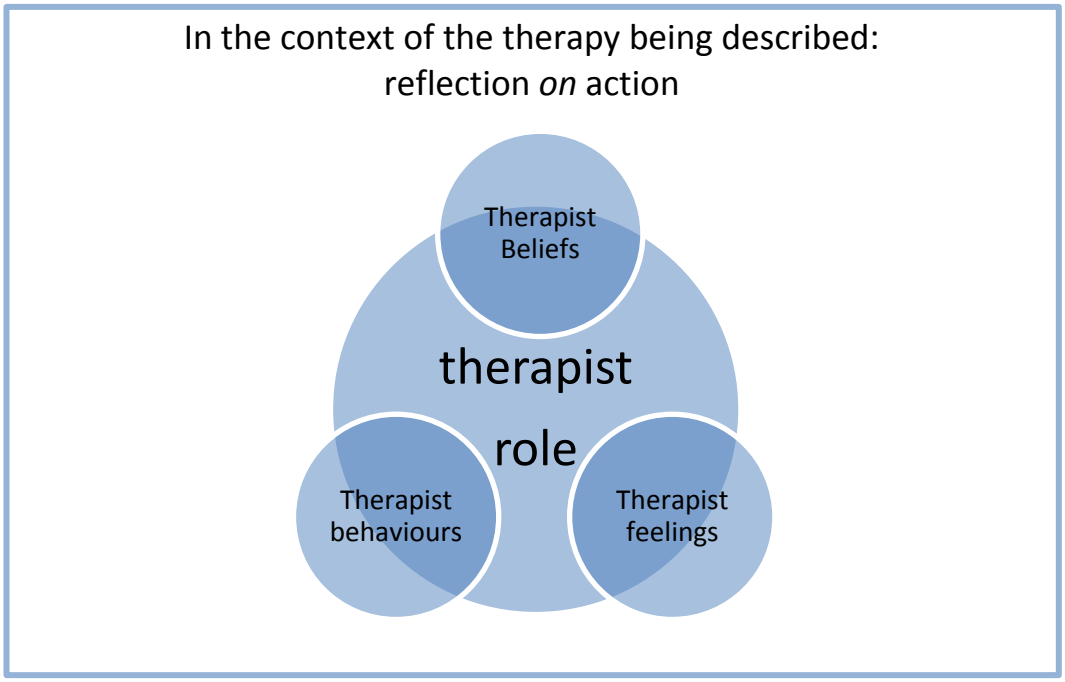


Figure 5.2: Role analysis 2

This represents the role called forth at the hierarchical levels of therapeutic culture and therapist script/ identity. It encompasses the therapist's understanding of what it means to be a therapist in the therapeutic culture in which he or she is embedded. Where the beliefs, feelings and actions are coherent the understandings which emerge are coherent: reflection *on* action is likely to be consistent with reflection *in* action. Where they are incoherent there is likely to be a conflict between the hierarchical levels.

The therapist will have many beliefs, feelings and behaviours available to them which may be relevant to the situation or to the practice of therapy but are either beyond the therapist's awareness or not considered relevant to this situation. These are represented by the circles which overlap into the space outside the role. Similarly the therapist is likely to have many beliefs, feelings and possible actions which may be relevant to the situation, but not within consciousness. These are represented by the spaces between the circles inside the therapist role. Here we are considering my understanding of what the therapist considers to be important factors in the practice of therapy at the higher levels of context.

Role Analysis 2

Context: Comfort and *dis*comfort: an episode of action where the therapist experienced both satisfaction and dissatisfaction in his therapeutic role.
Beliefs: my understanding of the therapist's beliefs about the episode

described.	
Given time and the correct approach I can help them.	"if I'm respectful and if I am part of a picture for a given length of time, something will emerge which will help me appreciate or understand something of the meaning … phenomenon, so." (323-325)
Therapy should not cause discomfort.	**"So do you believe that people shouldn't experience discomfort in therapy?** I'm probably very mindful of their comfort in the work. And it may well be, you're right, that you know, that my tolerance for their discomfort is an issue. " (584-587)
The therapist was aiming to give the children an experience in their present day life and therapy which might enable them access to earlier memories and experiences which might then be processed in a therapeutic way.	"And I think the theme if I recall correctly in my session with my family here had been the likelihood of neglect and trauma in the children's early life. It's interesting that eight year old had come to this family at the age of 4 and it appeared had very little recall of her life before that time. So I think we were wondering how it might be that we might be able to engage both children in thinking about a time in their life before they came to live with..." (347-354)
Feelings: my understanding of the emotional quality of the intervention in relation to the therapist as he described it.	

He seemed to feel some confusion as the children enjoyed the session, but the mother appeared uncomfortable and this evoked discomfort in the therapist.	"But I'm putting, and Co-therapist put more meaning to this. I think there was also some sense of discomfort that whilst Mother and the children were active in this process, on the floor, that that we had remained seated… That we were at a distance…and that if you like, Mother was having to take all the risk." (484-489)
Positive feelings about his co-worker's ability and supportive qualities.	[she is] "Thoughtful, reflective, calm. Very containing presence in the room. KCC trained, so she brings a difference. Um very much in the tradition of CMM, moral orders, very attentive to the language that we use in the work." (314-317)
Responsibility for co-worker's gaining of experience.	"my relationship with Co-therapist was interesting because I think Co-therapist was keen and very much enjoys the experience of co-work. She was keen to extend her own repertoire of approaches." (477-480)
There was implied uncertainty about how helpful the episode had been. Acknowledgement that more discussion was needed. Yet a sense of confidence that it had been helpful even though there were issues arising from it which needed to be addressed.	"and I think there was a sense in which at the conclusion of the session that there was a sense of the work with the family's you know moving on or at least it would appear its moved on to a point that we could you know contemplate this type this type of work [using the enactment]." (480-484)

Doubt was engendered by the mother's questioning about the validity for the therapy of chosen activity. This had an impact on his perception of the therapeutic relationship with the mother and it seems of his choice to use the action chosen. This also may have thrown doubt on his sense of his therapeutic role.	**"Explain that to me more? If 'we do this at home' why wouldn't she be comfortable with it?** "In in this setting, in this context… at that point she wasn't seeing how this might be relevant to the therapy. Ok, there was a gap for her there." (455-459)
Discomfort at the awareness of power differentials in relation to gender which furthered his uneasiness. Although power was not mentioned specifically it was clearly a palpable presence (see above) in that the mother was being asked to undertake the enactment in a way that the therapists in hindsight would have preferred to have been more of a shared experience between the parents.	"I think there was also a some sense of discomfort that whilst Mother and the children were active in this process, on the floor, that that we had remained seated…That we were at a distance…and that if you like, Mother was having to take all the risk." (485-489)
At the same time there was enjoyment for the therapist of the playful quality for the	"It seemed to me appropriate that to engage … that you enter into a world which maybe playful, … might have an

participants.	element of fantasy." (44-45) "Mother again appeared to welcome – so I'm just moving on now to Mother (figure). She seemed to welcome the attention from her daughters, there was certainly no hesitation on their part to kind of engaging in this rather playful way." (446-450)
Behaviours: my understanding of the therapist's behaviours in the session influenced by his beliefs and feelings.	
T3 became acutely aware of needing to act to juggle two sets of needs in the room simultaneously in relation to the needs of the two sisters. (he was also juggling the needs of the adults but at this point that was non-conscious).	"And, admiring that quality in a young person, I was in a dilemma as to whether or not I went with her account or did I did I return to the originator of this and invite eight year old who had been carrying this narrative all throughout the session if you like and give her the opportunity…" (253-257) "So there was that that issue became alive for me in the moment as a consequence of it." (263-264)
The therapist engaged in scaffolding conversations to help the children put words to the experience.	"maybe there was a bit of scaffolding going on on my part as to how children might think and feel at those times. …Giving a structure in words to the experience. Ok Yeah. (417-422)

Believing the mother to not be ready to explore the pre-adoption experiences of the children, the therapist nevertheless introduced the idea of past experiences during the enactment, by addressing the child.	"And we wondered you know about eight year old's contribution …she was enjoying this and she was reassuring us that she was enjoying it. And we talked about how a younger child might have enjoyed that and perhaps not all children do enjoy that. And we wondered maybe whether or not it'd always been their experience that eight year old might enjoy that level of comfort." (409-415)
Consequences/ Outcome/role which emerged: The 'uncomfortable connector' seemed to become the 'tentative and cautious protector.' There was a tension between playfulness, the challenge to the mother and the therapist's concern with comfort in the therapeutic experience. The therapist himself seemed to be aware of his discomfort and this may have increased his cautiousness. It may have introduced an element confusion which was not addressed. It seems there may have been conflicting therapeutic aims in the moment: the need for closeness vs the need to explore their earlier experiences. Consciously there is the work towards closeness. However the meaning of closeness was not explored. There may have been different definitions for each person. There may also have been an enactment of a symmetrical conflict for definition of the episode between the mother and the therapist.	

Step 5 Logical forces and the obligation to act.

Interpersonal logic – this section aims to show my understanding of the logical forces which influenced the introduction of the episode of action in the session described by the therapist in retrospect as it unfolded during our interview. It draws on the information contained above.

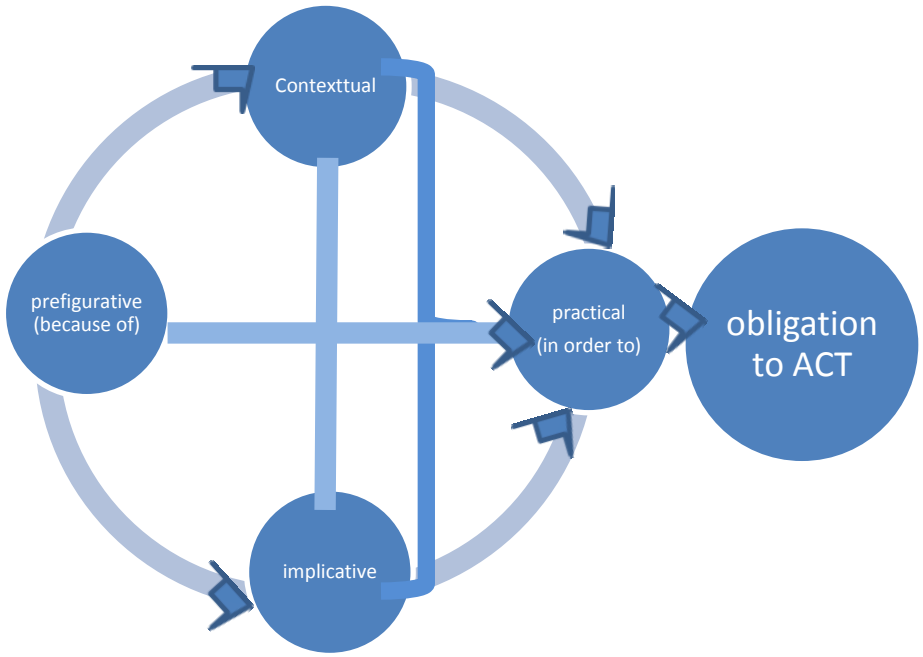


Figure 5.3: Logical Forces and the Obligation to Act

The vertical axis represents the contextual and implicative forces, with the hierarchical arrangement of contexts relevant to therapy: therapy culture, therapist's script or identity, therapeutic relationship, episode of therapy and therapeutic action. It is comprised of all the meanings relevant to the therapist in relation to themself and their clients brought by them into the episode.

The horizontal axis represents the prefigurative and practical forces in operation in the moment. The prefigurative force is encapsulated in this research as the action or statement immediately preceding the introduction of action: the therapist's 'because of this…' The practical force is understood as what the therapist is trying to achieve in the moment: the next step, the 'in order to…'

The prefigurative force consisted of all the feelings, beliefs, etc of the therapist about the family, and of the therapist about himself both expressed and unexpressed or non-conscious, as well as the speech acts immediately preceding the introduction of action. These interact with the contextual and implicative forces.

T3 strongly believed that the action he introduced would be a positive experience for the family and enable change. The practical force (in order to) is encapsulated by his statement:

> "What I was looking for I guess was to engage eight year old in the work … and not just eight year old, *all of us really* (my emphasis) to develop a sort of consciousness that supported that kind of connection. And I was, my sense was that I wanted to step out of a kind of analytical frame." 370-375

This constitutes the obligation to act in the moment. The therapist's overt intent was to provide a healing experience in which they all participated, even if some were observer participants. The introduction of action would give them a shared experience and allow the therapists to join the system in a way that went beyond conversation. Rather than describing what happens outside of the room, the enactment in the room would allow the therapists and the family to participate in a moment of intimacy, which, though uncomfortable for the mother, might allow reflection on action in a different way.

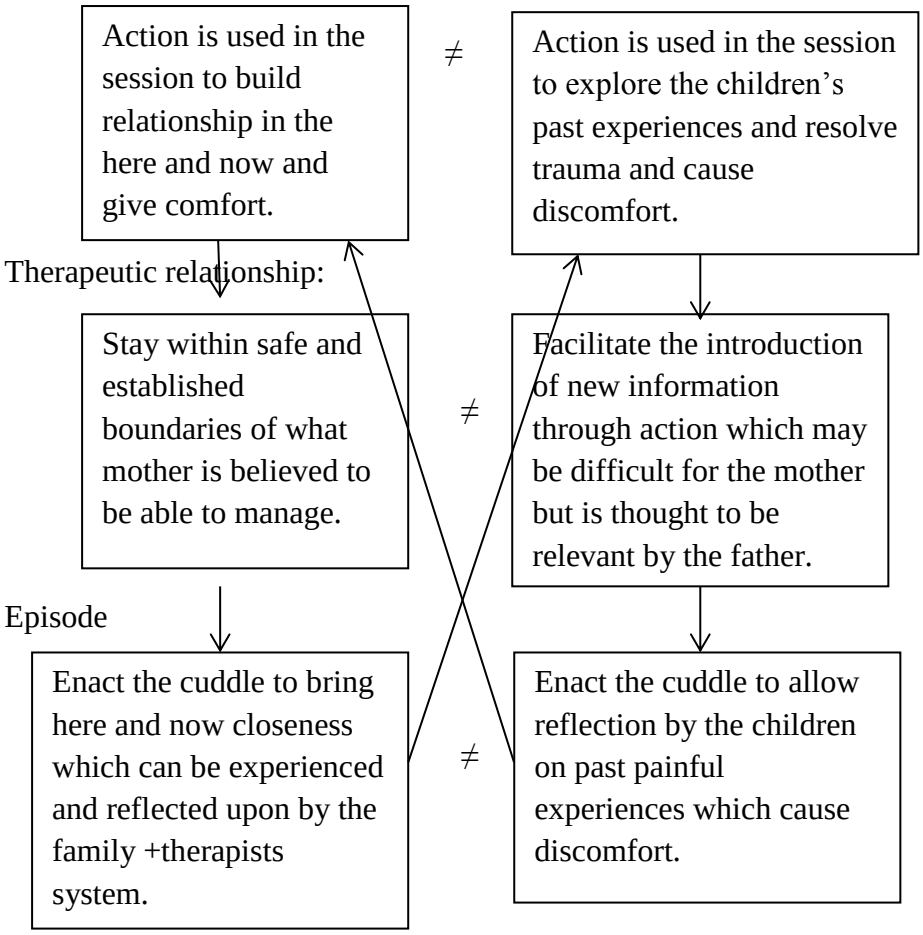
This can be understood as a strange loop having been established. There seems to be a conflict in the levels of meaning of action and the episode. There are conflicting ways in which the action might be used.

The therapeutic goal is to become a family. The therapist seems to have two competing views about how to use action to achieve this. The first is more aligned with the mother: a here and now experience of closeness and connection which can be reflected upon and relationships built. The second is more aligned to the father: the past experiences of the children need to be understood in order to free them to connect with us. The therapist connects with both of these.

This can be represented diagrammatically:

Therapeutic goal: Use action to 'become a family'.

Therapist script:



Either trajectory is coherent in itself. However both seem to exist simultaneously and are mutually incompatible. What seems to happen for the therapist is when a level of comfort is reached for the mother and children the idea that it may now be safe to explore the past is activated and the opposite set of beliefs is activated. When the mother then shows her discomfort the first set of beliefs is re-activated and the cycle continues.

The way out of the dilemma is reflection, which indeed begins after the episode of action in the session and during the post session reflection between the two therapists. Their reflections were intended to be brought to the next session with the family.

Step 6. Afterlife of the action.

This aims to identify the impact of the action on shaping future action from the therapist's perspective.

> "Well there was clearly enough at the time to make me feel that this was something that we could proceed with or that we could continue with… And that this would be something that we could, you know, come back to if not in action then in our reflections later, just to get a sense of how this work might be processed at the time by the children. So I was very curious as to how things would, you know, develop in the intervening week until the next time we met. And to see how things were going for both girls." (463-470)

I then asked if he felt the impact on the therapeutic relationship was to distance the mother.

> "Well it didn't because I think we came back to talk about it in the subsequent session… but at that moment … well I think …my relationship with Co-therapist was interesting because I think Co-therapist was keen and very much enjoys the experience of co-work. She was keen to extend her own repertoire of approaches. I think there was a sense in which at the conclusion of the session that there was a sense of the … family's you know moving on or at least it would appear its moved on to a point that we could contemplate this type of work." (473-484).

> "We came back to their experience of this exercise and whilst it was acknowledged that the children did enjoy the playful quality, Mother herself appreciated that she had felt less than comfortable. And I had to acknowledge that and take responsibility for my part in that and the conduct of the session." (579-583)

I then asked if it changed the relationship of the family members to therapy.

> "Well in as much as we'd been able to have that conversation subsequently, I think it's creative or made for a more collaborative enterprise." (597-601)

It seems that T3 had a strong sense of not getting it right for the mother, in fact increasing her discomfort. This would have been incommensurate with his overall sense of himself as a therapist. His intention was to reflect upon this in a subsequent session in a way that might enable a realignment of the relationship. More will be said about this in the discussion.

Step 7. Afterlife of the interview

In the interview I raised the issue of T3's position regarding comfort and discomfort in therapy.

> "I'm probably very mindful of their comfort in the work. And it may well be, you're right, that you know, that my tolerance for their discomfort is an issue.

I then said that it seemed to give a focal point for subsequent sessions.

> "It has done and I think, and I wouldn't exclude the possibility either of attempting something again [in action].

I then asked what he thought he had learned by doing it.

> "I think I have to be clearer as to how I might have conceived the exercise… for example how all of us were going to contribute to it, rather than see it as something that just one part of the family system did." (584-596)

With regard to the process of our interview T3 stated:

> "Very thought provoking. Indeed, indeed. And nice little take home message as well: … perhaps my predisposition to the comfort of my clients in the work and whether or not I can afford greater levels of discomfort. Yeah." (592-601)

Illustration 5.2: the small world of T3.

Afterlife of the interview for me

Immediately following the session I felt uncomfortable(!). I was somewhat disturbed on a practice level as I had formed a hypothesis that T3 may be avoiding discomfort in this situation due to something in his own experience, either personal or professional.

On later reflection I was relieved and grateful that he took the risk to bring this piece of work, about which he was not entirely happy. It was a recent session and clearly was on his mind. He seemed to use the interview to help himself to clarify some issues for his ongoing work with the family.

I was struck by his bravery in attempting to use a method he had observed rather than tried for himself previously. It emphasised for me the importance of experiential methods being experienced and understood on an embodied level before being attempted with clients without live supervision.

Still later, when writing up, I have felt grateful to him for giving me this opportunity to analyse a piece of action that did not go smoothly and may have had unexpected and unintended consequences, as it is highly relevant for considering the use of action in systemic therapy.

Step 8. Implications for practice

Returning to the hierarchical model, implications for professional practice emerging from this interview can be identified at various levels. I am attempting to place issues for practice at the highest level of context at which they occur.

Therapeutic Culture

- Training in experiential work should be experiential.
- The culture of the organisation may impact on the service user's ability to accept the therapist's invitation to action.

Therapist identity

- Playfulness, and importance attributed to it. (450, 528, 582)
- A recognition of the complexity of the task of using action with a family where the members are at different stages of development, and have different life experiences and understandings of the 'problem'.
- Ensuring the participation of everyone, whether directly involved in the central action or not. If there is an 'observer role,' that this be clearly identified before the action begins. (490-498)

Relationship

- Power in the relationship with regard to introducing action should be considered.
- How the 'unsaid' influences the enactment in the room. Here there seemed to be a stated understanding between the therapists and the father that the mother was fragile in relation to the children's possible past experiences, which was not articulated.
- Action can help with self-regulation of strong emotions. (202-210)
- Assessment of when action might be helpful based on family patterns. In this situation, the mother was assessed as analytical to the extent that she would be helped by a more experiential approach, which involved physical touch. There may have not been sufficient 'fit' for the family to make best use of the method. (Obligation to act and throughout).

- The importance of de-briefing and supervision, both with co-workers and with the clients themselves.(531)

Episode level

- Spontaneity. (112 and 130)

For me what is emerging is a concern about the coherence with which action is applied. Using the logical forces may help to reconceptualise 'spontaneity' for systemic practice. This and the other themes will be addressed in the discussion section.

5.4 Analysis T4

An Unexpected Interruption:

the Comic Turn that Turns the Drama.

Step 1

Personal Background

T4 is a white British woman, probably the youngest of my participants in her 40's. Her prior professional qualification is as an Occupational Therapist. Following her OT training she did a short (8 week) course in play therapy. Therefore to some extent using physical activity in therapy came naturally to her. She felt that as a result of her previous training she instinctively understood the structural technique of enactment in moving people around in the room.

> "So as an occupational therapist I had to train systemically because it didn't make sense to do those things out of context for me. But now I feel I have quite a good … balance between what I originally trained in and in my family therapy background." (9-12)

She works in a tier four in-patient unit for adolescents. The clients are at risk of serious self-harm and have usually taken life threatening risks prior to admission. T4 emphasised the much higher level of risk taking for her clients than those who could be managed without the intensity of a tier four service.

> "…it's not tier three stuff here. Tier four is really, we have a lot of young people who have really become very lost to their parental boundaries. Their internal boundaries are torn. So for me it can be a way in to rediscovering what boundaries can be for one's self and other people." (159-162)

With regard to using physical action in the room she thought it was essential for this client group and their families, both because of the developmental stage of adolescence and because for this group it can be particularly difficult to talk about their experiences. Using action was often a way to open up deeper material. She

also uses metaphor in the form of movies and poetry to connect with some of the adolescents for whom these are especially relevant.

She did not think the use of action was well covered theoretically or practically on her training course and she also reflected on her own teaching practice, saying that she was also more focused on theory and talking based approaches. She contrasted this to mentalisation based treatment training, recently introduced on the unit, and how integral role play is to the whole process of training. (188-208)

T4 was positively influenced to integrate action into her work by a colleague and friend who is comfortable and confident in using in action methods. She considers this person to be highly creative and encouraging of her development of creativity with this client group. This grounding gives her the courage to take risks.

The family in therapy

The person who brought the family into therapy is a fifteen year old girl admitted to the unit following an attempt to hang herself from a hallway light fixture at home. There was a long history of acrimony between the parents. The father had moved out some five years earlier. Under pressure from the girl and her brother, who is two years older, the father moved back in the parents having reordered their relationship to a friendship. However the mother's boyfriend was also there. There was continued conflict between the parents. The father moved out again and the brother moved with him, after first assaulting the mother and breaking her jaw. (263-274)

The brother was also emotionally volatile and could be violent in the community and at home. He was considered to be at considerable risk to himself and others, though not to the degree that he had to be detained. Though unpredictable in the community, he was thought to be calmer in the sole care of his father. (483-485)

The young woman had a long history of serious self harm, including cutting, and suicide attempts. The relationship between the young woman and her mother was extremely volatile.

> "…and her family life at the moment is characterised by extreme violent fights, *fights* between her and her mum. And I'm saying not physical abuse, I'm talking about fairly.. they're fights, they're fist fights. So there's a kind of escalation in the drama of fight and some input from her dad and her brother and then a lot of self harm and then de-escalation… is how they kinda came in. and lots of people have been very worried about her." (250-256)

The mother was also receiving individual therapy at the unit to help her with emotional containment.

> "Her ability to contain her emotions is very limited. As limited as Hilary's (pseudonym) but shows it in a different way. So she, if she hears something she doesn't like .. she'll say, you know, 'you're hoaxing me, I knew I shouldn't have come.' Leave the room, slam the doors. So we are trying to help her to kinda contain herself and stay in the room… because that well that's kind of well done between them. It's not something that we do covertly. We say this is what you need help with at the moment so this is what we do." (314-323)

Hilary was also seen as being highly intelligent and in spite of the difficulties had periods of doing well academically. However she struggled to stay in school.

> "She came with a very raw grief, for want of a better word, about her parents' separation." (258-259)

At the time of this interview she had been an in-patient for about eight months, considerably longer than most clients, indicating the degree of concern.

The episode

T4 is working as the family therapist with Hilary and her mother. Both of them also have individual therapists. She considers there to be a strong therapeutic relationship between herself and the mother and daughter. The mother's individual therapist who is a trainee, also attends the family therapy sessions to support the mother's emotional containment. The father does not attend because

he believes the problem is in the relationship between the mother and the daughter. The brother does not attend because he has an aversion to hospitals.

During the course of the session, the mother and daughter began to argue and the therapist expected the usual symmetrical escalation to occur between them, ending up in one of them storming out or a threatened eruption of violence.

> "So I stood up and sat right on the floor really. Because… my thinking was that I wanted to just break up what they were doing and so I thought I would do the opposite of what they expected. And so it was unexpected in relation to my power, because they are in a power struggle all the time. And I didn't want to just say 'shut up!' (said with animation) and be another loud voice. So I sat on the floor and I whispered something to myself and Co-therapist about how (whispering) something about being really bored (giggles)." (486-493)

Eventually they noticed and both started laughing and de-escalated in a different way. This led immediately into a second episode where the argument between the mother and daughter was deconstructed through a role play focusing on the meanings attached to their actions in terms of love, hurt and care.

Step 2 The CMM levels of contextual meanings for T4 in this situation.

Using the hierarchical structure I have plotted the themes for consideration in relation to the therapist's use of action.

Contextual themes – some themes recur at different levels and a reflexive force can be understood as existing between the levels which either confirms or challenges the meaning at other levels. For T4 there was a high degree of coherence between the levels.

Therapeutic culture

For T4 there were a number of different cultural connections: her training culture, the workplace culture and the culture of theoretical ideas.

Training culture: T4 contrasted her OT training with family therapy training. OT training was quite 'hands on'.

> "Just do it and you learn how to do it" (50). "…there's a lot of meatier theory in systemic work. I had to really understand in order to be able to move on and I am a theoretical learner. So I had to really 'get it' before I could use it properly. Whereas, with OT, it's the other way around." (50-55)

She thought there was much more complexity in her systemic training:

> "it's that kind of complexity which I don't think is present in an OT frame. It's that internal reflexivity, you know, 'the patterns that connect', all those really basic systemic things and how we use them." (78-81)

Work culture T4 works in a highly specialised adolescent unit where young people are considered to be at severe risk.

> "the client group here kind of require it (physical action). … for me to think about how to do stuff as well as talk about stuff. So I think that that helps." (30-32)

She clarified that adolescent development in general made the use of action appropriate in therapy, and that in her unit there is a culture of using action across the board with families as well as the adolescents themselves.

The issue of power in the therapeutic culture was discussed in some detail. This seemed particularly relevant with regard to an in-patient unit where clients' choices may be limited at least for some time. I asked specifically about the issue of engagement in therapy.

> "Yes. Oh yeah and lots of people don't and you can't make them. But that shapes … whether they can be here or not. So, I think that sounds a little bit of like 'if you don't come you can't get the service' … but I take your point it's not quite like that. I think we're actually … I'm quite proud of how we speak with families about what their choices are. You know I

think we work very hard to help people to come and work, rather than come and get held in some kind of custodial way and then go home again. It doesn't work like that at all. Once you are out and in a relatively secure base, you know, in patient … work, it's not that you're in then you're out, you're held then you're free, at all. There's a real open door, and if you're not under a section of the mental health act, which some people are, they can come and go as they please. So … there isn't a sense of custodial power in that respect. And then we have to engage families as we would anywhere else. I mean the one thing is, that they are often a lot more anxious at the beginning than they are when you see them in tier 3 or tier 2 or in another service because their children have usually done something [very dangerous] to get themselves in here." (407-424)

Theoretical ideas: T4 drew on a number of theoretical ideas that were embedded in the culture of work with adolescents.

"embodiment [referring to Hardham 1996] … then the real structural stuff [referring to structural family therapy and Minuchin and Fishman] … particularly in this context, where young people are really very out of control,… you know it's not tier three stuff here. … we have a lot of young people who have really lost their parental boundaries. Their already internal boundaries are torn. So for me it can be a way in to rediscovering what boundaries can be for one's self and other people. So I do link it to structural stuff a lot… And they also have to tell you, rediscover some internal boundary for themselves. And so things like role play I think help but also they need more indirect things like pictures, drawing, films. And just like you know showing us what happens at home is really important." (155-169)

Mentalisation based therapy had recently been introduced to the hospital as an approach and this has had an impact on the use of action.

"Mentalisation based therapy is one of the key models now that we use here in (name of hospital) and its not terribly popular but the way that it's

been constructed here is that a lot of the young people have a label 'emerging borderline personality' (speaking quietly) and the mbt research addresses that. … A lot of the training that the mentalisation based therapy people do with families is around role play and 'stop and pause' and all of that enactment stuff. So it exists here in the culture quite newly, but it does. So actually that makes it slightly easier because it's not just me as me that people might experience. People saying well 'show us' then because people here are treated with mbt… and [it] does have a lot in role play, a lot of games, a lot of ... turn taking exercises, a lot of action methods." (172-185)

Therapist identity

"…the journey of family therapy training for me was very different to the training in OT. … It's just that I didn't really feel I found my systemic voice until perhaps about 2 years after training, at least. Yeah I remember ringing up (name of her supervisor in training) and saying I finally realised that I could (laughs) open my mouth and ask questions in the way that I'd been trained to do. But it took at least a year or two after training to feel comfortable with that." (17-25)

"…you know when working systemically becomes something that you do rather than that you have to think about doing. So then I could start using things [action] more." (27-29)

She considered the meaning of using action in therapy:

"maybe stepping outside of the talking and moving. So for me it's something about your body.. so you kinda do something in the room in order to free something up. So whether that be like you say, drawing, or role play or, I use role play really a lot in terms of action things, but also use different things like film… Showing bits of film to then talk about what people make of it. So lots of the time, lots of the young people who come here like a certain film and they're slightly fixated on it. But they're not really sure why they are. You know like when toddlers pick a

favourite book, and they continue to return to it and return to it… and the young people here do that with movies. So we play the bits of film, after I've watched it and I think well maybe that links with what I know about this person." (98-111).

Therapeutic Relationship

This is strongly contextualised by the previous level and the two levels merge to an extent. T4 considered the use of action in the formation of the therapeutic relationship. She also described being influenced and inspired by a colleague and co-therapist in developing her creativity and using action.

"I've worked with her a lot and she really influenced me and really helped me to take the risk. And there is something about risk taking in action methods. …you know you're asking other people to take quite a lot of risk to do something like role play. But it's also quite a risk yourself. And it was her who helped me to think that was more doable than I thought it probably was. I did my supervision training with her and it was that journey and I worked with her a lot then. And so that was extremely helpful. There was something about, you know … all that stuff that clients experience about feeling daft. … Or what has this got to do with it? And is it the real serious stuff? So um she was very influential in helping me become embedded and embodied. (144-155)

"[She] says you embody something different in the room when you're acting and performing something. You, it positions you differently. So Elsa Jones' idea of 'disposition' … she talks about how when you are stuck in the talk in conversation, you feel stuck, all you have to do is move your body a little bit in order to free something up and do something different. And I really like that. So often I will just move. Or move people." (119-125)

"And I think doing something like showing people some movie, it kind of changes our idea about what we can do in the room… So you're all looking at *it* rather than me looking at them. (126 – 131).

Power in the therapeutic relationship was discussed (395 – 434) in relation to the expectations of the unit and the high levels of anxiety families experience in relation to their adolescents who have taken quite extreme risks and the impact of that on engagement with the unit and compliance with treatment. Some examples are given below in the role analyses.

Episode – doing the unexpected.

In relation to the episode T4 discussed using her power in a relationally unexpected way that surprised the family who T4 considered to be engaged in a power struggle. Her intervention punctuated the episode and made them laugh. They were then able to reflect on the situation in a different way.

Step 3 Role analysis 1 – my analysis of T 4's understanding of the family in relation to the therapeutic dilemma around which the action was built.

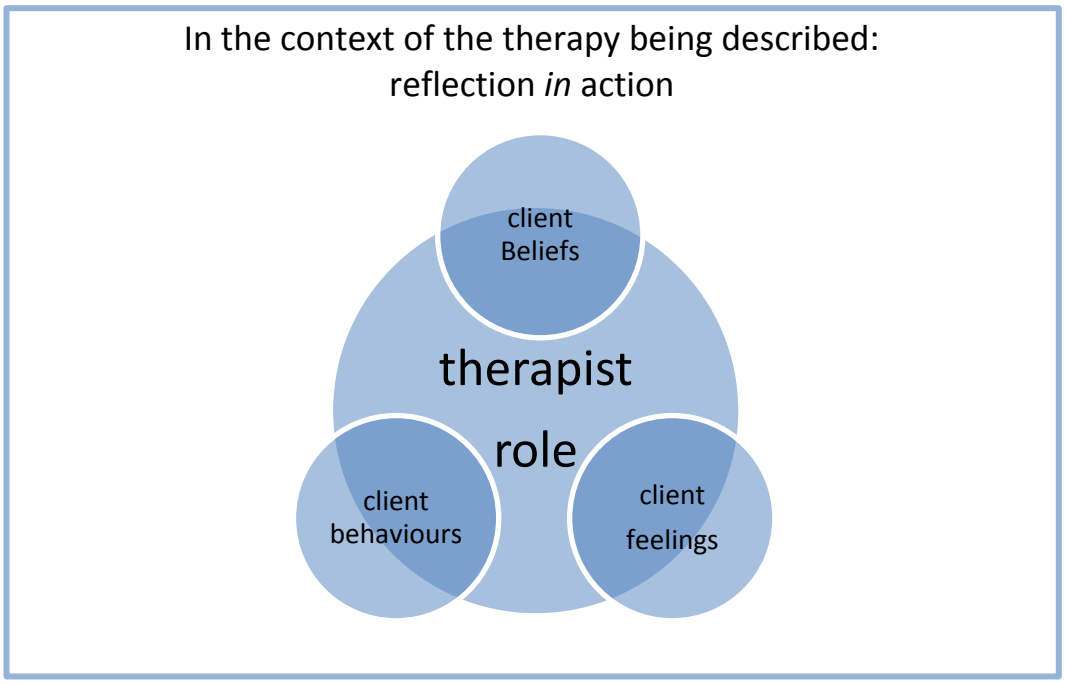


Figure 5.1: Role Analysis 1

This represents the role called forth by the hierarchical levels of relationship and episode. It encompasses the therapist's relationships in the room which may include their client or clients and a co-therapist. It might also include people not present but present in the therapist's mind in the moment as reported in the interview.

There will be many individual or family beliefs, feelings and behaviours which are beyond the therapist's awareness. They may or may not be relevant to the episode. These are represented by the circles which overlap the outside space. Similarly the therapist is likely to have many beliefs, feelings and possible actions which may be relevant to the situation. These are represented by the spaces between the circles inside the therapist role. Here we are considering my understanding of what is in the therapist's awareness in the moment of introducing action in the particular session with the particular family.

Role Analysis 1

Context: an episode in which the mother and daughter begin to argue and the pattern of symmetrical escalation quickly appears.	
Beliefs: my understanding of T4's beliefs about the family and its members in relation to the presenting problem.	
Family members do not believe they can resolve problems without resorting to physical violence which escalates to a dangerous level and then begins to de-escalate.	"there's a kind of escalation in the drama of fight and some input from her dad and her brother and then a lot of self harm and then de-escalation… is how they kinda came in. and lots of people have been very worried about her." (253-256)
The child is intelligent but unable to manage in school because of her preoccupation with her home situation.	"she's extremely eloquent and humorous. She were a talented girl who struggled to stay in school despite having extremely good academic results." (256- 258)

The mother is more limited intellectually, making reflection difficult.	"Well the way that she sees her mum is as somebody who needs, not as clever as she is. Which I would perhaps agree with… so it takes her a longer time to understand things on a cognitive level." (311 – 313)
The relationship between the mother and daughter is a strong but emotionally abusive one	"Because I think it's quite an abusive relationship. So I'm talking about it at the moment in quite, as though it's quite an equal relationship in order to help them get somewhere else in a practical way. But my context is that she is a very abused child… But trouble is that she's kinda getting big. She is living with her mum, she's not gonna live somewhere else." (558-562)
Feelings held in the family as understood by T4:	
The child was struggling with her feelings about the parents' separation.	"she came with a very raw grief, for want of a better word, about her parents' separation." (258-259)

There is a strong web of connection and wanting to be together. This sets up a conflict of loyalty for the girl between her parents. Love, responsibility and commitment are all jumbled up together.	"So he [the young person's father] often says, 'when you're ready to come to my house, come to my house.' "But she feels such a responsibility towards her mother that that will never happen. So now, you know, we have explored whether or not she can live there. But of course it's absolutely impossible for her to leave because she feels so responsible and feels as though she's hurting her mum and then she feels very angry that she's, you know, that's the cycle." (474-479)
Relevant behaviour in the family in relation to the presenting problem as I understand it to be understood by T4:	
The mother and daughter aim to exercise power over each other resulting in a symmetrical escalation. This has previously resulted in 'fist fights' between them.	"they are in a power struggle all the time." (491)
Consequences/outcome: T4's therapist's role in the moment: the quiet de-	

escalator.
She attempts to break the cycle of escalation by doing something physical and very different from their expectations. She introduces novelty and humour. "So I stood up and sat right … on the … floor really. Because… my thinking was that I wanted to just break up what they were doing and so I thought I would do the opposite of what they expected. And so it was unexpected in relation to my power, because they are in a power struggle all the time." (487-491)

The first role analysis aims to identify the therapist's understanding of the beliefs, feelings and behaviours of the family which then determine her 'functioning form' in relation to the family at the moment of action.

Step 4: Role analysis 2

My understanding of the *therapist's* beliefs feelings and values in relation to her role regarding the particular episode of action described and her reflexivity within the episode. The second role analysis aims to identify the therapist's own beliefs, feelings and behaviours in relation to herself in the therapeutic role.

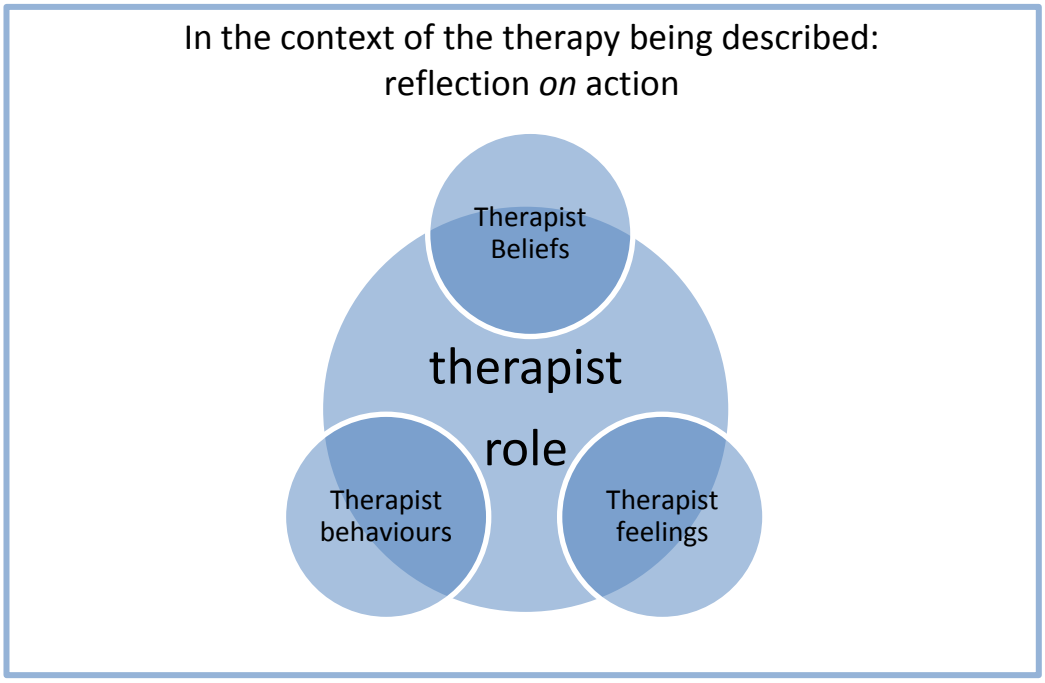


Figure 5.2: Role analysis 2

This represents the role called forth by the hierarchical levels of therapeutic culture and therapist script/ identity. It encompasses the therapist's understanding of what it means to be a therapist in the therapeutic culture in which he or she is embedded. Where the beliefs, feelings and actions are coherent the understandings which emerge are coherent: reflection *on* action is likely to be consistent with reflection *in* action. Where they are incoherent there is likely to be a conflict between the hierarchical levels.

The therapist will have many beliefs, feelings and behaviours available to them which may be relevant to the situation or to the practice of therapy but are either beyond the therapist's awareness or not considered relevant to this situation. These are represented by the circles which overlap into the space outside the role. Similarly the therapist is likely to have many beliefs, feelings and possible actions which may be relevant to the situation, but not within consciousness. These are represented by the spaces between the circles inside the therapist role. Here we are considering my understanding of what the therapist considers to be important factors in the practice of therapy at the higher levels of context.

Role Analysis 2

For T4 this is best understood in the second episode, the role play of what had occurred immediately preceding. **Context:** deconstructing the difficult moment which had just occurred and

using it to promote reflection and change.	
Beliefs: my understanding of the therapist's beliefs about the episode described.	
The therapeutic relationship is strong enough to withstand challenge from the therapist. The relationship provides an implicative force in relation to the therapist script/identity.	"I know these people you know, it's not as though I'm trying to build a relationship and don't know them. Yeah. So I can say 'is that', you know, checking out only takes me to say …' OK?' and they say yes or no." (541-544)
Success is measured in small and concrete terms, recognising limitations.	"the aim is .. they've been quite small goals.. in the scheme of things. And no I don't think anybody thinks that we can send her home not self harming. Or you know living out of a relationship with her mum which is ever going to be drama free, put it that way. Perhaps I want to give them some strategies, some … way of thinking into each other's … you know being able to empathise a little bit, mentalise a little bit more for want of a better word… and some strategies for risk management is very important. " (386-393)
Feelings: my understanding of the emotional quality of the intervention in relation to the therapist as she described it.	
She chose the figure of Jiminy Cricket to represent herself and the complex feelings of hope and	"I quite like him, but I also know he has his faults. Bit of mania… Ok… but he's kinda ok and doing his best, right? And he had hopefulness, carried hopefulness. Ok

worry for this young woman.	well I do for this bit which is not very easy and not very easy in this context where she continues to be very risky, and so does mum really." (341-347)
Hopefulness that the work begun, though not complete will be continued once she leaves the unit.	"So we have been able to create space enough for them to understand those things and how they link, and how they link to … the escalations. Because in the escalator arguments that's really what they are saying: 'I am very distressed that you were hurt. But I can't hear it because I didn't protect you.' For example. So that's why, that's how it changed things. It doesn't mean that they always do something different, but sometimes they do. She's leaving here in a state that we are all quite worried about in terms of her self-harm. But not unchanged. . you know hopefully tier three will be able to pick up on those things." (608-616)
Behaviours: my understanding of the therapist's behaviours in the session influenced by her beliefs and feelings.	
Decentring self and creating something to do together.	This was not so evident in this episode. However T4 talked about using film with young people in a way that gave them an experience they could reflect on together. "So you are all looking at it rather than me looking at them." (131)
Takes a strong directive role in the enactment/role play of the	"Very strong, very directive role now, in all this, say this is what we're gonna do. I

mother and daughter talking to each other, using her power therapeutically.	do say… 'right?' you know." (540-541)
Persevering with the role play brings results	"So, they go to the end of that and they *were* able to negotiate a different outcome to this mobile phone issue. And not get it confused with 'you don't care about me'." (564-566)
Dogged determination	"Um we did that lots of times." (567) "Well. (laughs) we have this conversation a lot! Right, this stop, I call it stopper play." (595)
Consequences/ Outcome/role which emerged: She becomes the facilitator of healthy openings, a role which is complementary to the quiet de-escalator. "Doing something in the room in order to free something up (99-100)." "and what they discovered was that when they assumed that mum doesn't care and so that's why she's saying that, the whole point is lost anyway because then it just doesn't become about whether you can have your phone back. It for example it becomes about whether or not you're cared for." (547-551)	

Step 5. Logical forces and the obligation to act

Interpersonal logic – this section aims to show my understanding of the logical forces which influenced the introduction of the episode of action in the session described by the therapist in retrospect as it unfolded during our interview. It draws on the information contained above.

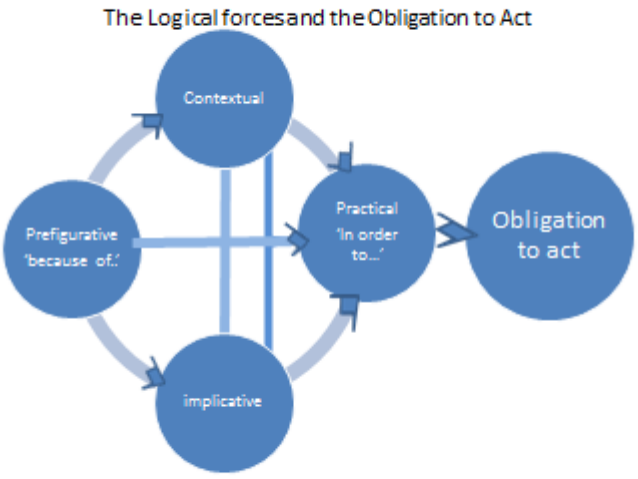


Figure 5.3

Logical forces

Figure 5.3

The vertical axis represents the contextual and implicative forces, with the hierarchical arrangement of contexts relevant to therapy: therapy culture, therapist's script or identity, therapeutic relationship, episode of therapy and therapeutic action. It is comprises of all the meanings relevant to the therapist in relation to themselves and their clients brought by them into the episode.

The horizontal axis represents the prefigurative and practical forces in operation in the moment of action. The prefigurative force is encapsulated in this research as the action or statement immediately preceding the introduction of action: the therapist's 'because of this...' The practical force is understood as what the therapist is trying to achieve in the moment: the next step, the 'in order to...'

For T4 the obligation to act is described by her explanation at 487- 492.

> "So I stood up and sat right on the floor really. Because.. my thinking was that *I wanted to just break up what they were doing* and so I thought I would do the opposite of what they expected. And so it was unexpected in

relation to my power, because they are in a power struggle all the time. And I didn't want to just say 'shut up' (said with animation) and be another loud voice."

Step 6: Afterlife

This aims to identify the impact of the action on shaping future action from the therapist's perspective.

T4 explained that there were many such episodes of enactment and deconstruction. As the young person approached discharge they reflected more on the impact of therapy.

> "…it changes things because they do have insight into what they do. And how the process goes. So at home now, she is sometimes able to walk away. Which you know it really does make a difference. And she is sometimes open to saying 'I'm not going to be violent.' Right. So yeah, I mean they still have a lot of problems. But you know in their relationship but it's given them a bit more space. She has been able to hear some important things about her life that she didn't know". (598-604)

So for T4 the aim of the practical force, the action introduced 'in order to…' has been achieved, albeit tentatively and through lots of repetitions.

Step 7: Afterlife of the interview itself for T4

In reflection on the interview, T4 became quite excited about the use of the small world figures with families to explore these issues.

> "We could do this. …oh I would've like to use these (small world figures), now you've inspired me. I think they could do this. Good! You know to kind of externalise it even more."(596-598)

> "You know I think we do, *I do,* I get a bit stuck in what I'm doing. And even though I do use a lot of action methods, I could've done this. You know I think even if we just think a little bit more imaginatively. But for me it takes other people to help me do that. I don't have it internally. So

> talking to you or yeah. So but it's very nice to speak to somebody about how you might want to do it." (620 – 625)

She also spoke earlier in the interview about including action methods in any training course they might do in future.

> "I mean even just having this interview is making me think about you know if we do run a course we'll have to (talking together) and keep abreast. Yeah cause the mbt training takes it for granted that that's what you do as part of the treatment. It's quite interesting; it says you can't do it without doing that. And role play is like the most important things they do." (209-213)

Afterlife of the interview for me

I came away full of admiration for T4. I was impressed with her commitment to the work and her continual searching for means with which to help these extremely hurt young people. Her enthusiasm and ability to sustain the enthusiasm for many sessions of going over similar issues was admirable. Her ability to sustain hope and measure success in small doses was inspiring.

Step 8 Implications for practice

Returning to the hierarchical model, implications for professional practice emerging from this interview can be identified at various levels. There will always be implications for other levels. However I am attempting to place these issues at the highest level of context at which I think they occur.

Culture

- Power – in admitting a young person there are expectations in relation to their treatment.
- Embodiment – an understanding that the problem is often expressed through actions: in this case quite extreme risk taking behaviour. Solutions can often be introduced in an embodied way, e.g. through role play.

- Impact of trauma on the ability to talk. There is an expectation that the young people and indeed their parents may need considerable concrete help to express themselves.
- Staff development. Within the organisation there is an ongoing programme of training and an expectation that more senior members of staff will contribute to the learning skills building.

Therapist script

- The importance of the influence of a trusted colleague, being shown by a mentor, and the impact this has had on the meaning of being a therapist.
- Novelty
- Introducing difference in a physical way.
- Maintaining hope.
- Measuring change.
- Co-creation and co-creativity
- The time gap between training and feeling confident as a practitioner.

Therapeutic Relationship

- Risk taking, for clients and therapists.
- The therapist's relationship with herself.
- The relevance of the action to the therapy.

These will be carried forward.

5.5 Analysis T5

Playing Football in No Man's Land

and

A Sculpt with a Difference.

Step 1

Background.

T5 is unusual in that there was a long gap between his intermediate and qualifying training of about twenty years. He then repeated the intermediate year and went on to qualify as a systemic family therapist in 2003. Coming from a social work background and having been in a number of management jobs in child protection

social work he is now a consultant family therapist in a CAMHS team, a role in which he is extremely happy.

> "I think, I think this is a job… that very few people get to do for as long as we've been doing it. And actually it's incredibly privileged, you know." (278-280).

T5 began his working life in hairdressing before training as a social worker. He drew on this experience during the interview especially in relation to using action methods.

> "When I left school, I became an apprentice hair dresser at fifteen and did my three year apprenticeship and then went on to, back in the sixties, you know, went on to work in salons and manage salons and I stayed in hairdressing for eleven years before deciding to branch out into social work. And I suppose that has never really left me…The apprentice, the traditional apprentice model of teaching is to show somebody something and then have them do it and watch them and it's sort of a dance almost… you practice and practice and practice. And so I learn best by being shown rather than being told 'this is how you do it', you know, and I learn best by being allowed to, I was going to say 'be allowed to make mistakes', but I don't really believe that, I suppose being allowed to deviate from the path that's been chosen and come back to it if that seems appropriate." (232-242)

During the 1990's T5 worked as principle child protection coordinator. This was during a period of cuts.

> "I was four years team manager and then … principal child protection co-ordinator, so even further removed from direct work. And it was …the early nineties, John Major, lots of cuts and I was spending my whole life reducing services rather than encouraging and it didn't feel a very creative place to be… it clearly was time for me to think about what I was going to do next." (53-59)

He then went back into direct practice and undertook a short training in play therapy. This course met for two weekends per month over a 6 month period. Although it was not a professional training to become a play therapist, it had a profound impact on him. In this respect he was unusual among my participants.

> "it sort of reawakened … what fun it is to be doing therapeutic work. And actually this management stuff was really boring and not creative at all and so I came back into main stream therapeutic work in '94, when I joined this clinic, … and have been here ever since and kept thinking I really must re-connect with my family therapy training." (79-85)

He then returned to family therapy completing his MSc in 2002.

With regard to action methods and theoretical input, he felt this was not covered well on his family therapy training and he did not make many theoretical connections. Those that he did connected to social constructionism, though he never named it as such.

> "So how does that leave us in terms of theoretical? I guess I want families to feel after being in a room with me, that I tried to understand where they were coming from, that I was searching for their truth, rather than thinking that I knew what to do when I'm in the room. You know?" (309-313)

His interview is characterised by metaphor. He used the metaphor of being on a car journey to describe his work with families.

> "So I think of it rather than, if you're going from A to B, rather than take the motorway you take the B road and it might take a little longer and you might have to meander a bit, but actually you're opening yourself to much more opportunities of pleasure, enjoyment, scariness, you know.
>
> "And I think that's the journey that I'd like to take some families on, or go with families, down those other routes where there's more opportunities. Whereas on a motorway, you've got exits every so many miles, but

> nothing in between… on a B road, there's opportunities for coming together, almost on every corner. I think if we can help families to sort of slow down and enjoy the scenery…" (293-304)

Within the trust where he works he has training responsibility for other professionals who work with families, as well as for newly qualified family therapists and family therapists in training.

The family in therapy

The family he described consisted of a middle class white family with two daughters, one fourteen year old and her younger sister, aged eleven. The presenting problem was the older daughter's behaviour at home and the relationship between her and the mother. The father was an accountant and the mother an arts graduate who gave up work when the children were born.

The girls attend a private school. The older daughter was not doing well and there were arguments about homework. She was assessed as having dyslexia. She had engaged in some promiscuous behaviour and there had been some self-harm, but the main difficulties were held to be the relationship between her and her mother. The goal of the sessions was to improve that relationship.

The episode

T5 described two episodes of action. These begin at line 516 of the transcript. The first episode followed a therapy homework task given by T5 to the mother and daughter which had not been completed. They had agreed to take a drive in the car together for half an hour or so. His intention was to give them a different, less confrontational experience of being together. As they had not done the task T5 then asked the mother and daughter to do it in an imaginary way in the room, with the father and younger daughter acting as reflecting team, as the usual reflecting team was unavailable.

The second episode of action was during the following session when T5 asked the reflecting team to sculpt the family as they saw the relationships, with the family observing and then discussing the team's perceptions.

Both of these are expanded in the further analysis.

Step 2. The CMM levels of contextual meanings for T5 in this situation.

As in previous analyses some themes recur at different levels and are underlined to help the reader. For T5 there was a high degree of reflexivity between the levels and therefore there is considerable repetition across the levels.

Therapeutic culture

In the NHS Trust where T5 has worked for twenty years, he is a resource for training. He has responsibility for training the junior doctors and also a more informal training role with newly qualified family therapists and family therapists in training. He is seen as an authority in experiential work with families and individuals. The play therapy course that he undertook 10 years prior to his qualifying family therapy training has continued to have a strong impact on his practice.

> "we run the Thursday afternoon therapy clinic and I get to do … family therapy on my own and with other colleagues… We've had a reasonably good success rate of people doing training … So there's plenty of opportunity to do co-work with different people and people doing training. And obviously, unlike me, they didn't leave 20 years between the beginning of the training and the end, so they're actually still very enthusiastic and want to see some of these ideas in place really and for them some of this stuff, certainly sculpting, only really exists in text books, I think. Because it's not being done too much these days, it seems to me." (93-103)

Therapist identity

This was the richest level context which emerged from the interview. The theme of being able to play and be creative in a broad sense, putting theory to one side and *being with* the clients came up repeatedly.

> "play therapy is not something you do to people. It might be something you do with people, so you have to be able to play yourself or to recognise the power of play and I'm having constant discussions, particularly with young… registrars, … who their consultant says you know, 'do a bit of direct play, go and talk to T5'. And I try and talk to them about how pure play is and you're not there to be clever and interpret and come up with wise words or anything like that, you're just there to be a witness to their journey. And they find it very difficult I think to strip down their work to the point where … it becomes pure play. And it's very hard sometimes to convince colleagues, certainly in schools and things, where you're given a young person to work with and maybe they're kicking off in school and everything else and they want you to 'therap' this child, make him better, stop him being angry. And when you try and say look, I'm playing with this child, it's like 'yeah, but stop him being this that or the other', you know." 197-212

The importance of apprenticeship, as mentioned above, in providing an opportunity for therapists to practice the skills with someone who has expertise. T5 sees himself as something of an old codger. The small world figure he chose for himself was the bison.

> "I think I'd have to be something old and, a bison or something, a buffalo, yeah, that'll do. Old and a bit misshapen." (455-457)

However this masks the freshness and aliveness he brought to the discussion of the work. For instance, continuing with the journey metaphor:

> "I think if we can help families to sort of slow down and enjoy the scenery really, I mean my wife constantly tells me that I'm a hopeless driver because I'm always pointing out the buildings, 'look above that shop, look at that architecture, look at those windows', which is perhaps why I drive an open topped car and ride a motor cycle, you know, I want to be looking round… being distracted I suppose. And it's the *distraction* that for me is the interesting bit really." (301-311)

With regard to using action methods, the therapist also needs to be active.

> "But it's the enthusiasm that I think becomes, when you can almost feel it if somebody's enthusiastic about the way they work. And I think that transfers to families and families actually, you know. You think god, it's a bit like the old techniques that if you wanted to start moving people around in a family, if you just merely asked them would they like to move, the chances of them moving are probably one percent, but if you actually get up yourself and go across to them and gesture and you can, you can somehow sort of enthuse them with, well that they're going to trust you, you're not going to take them some place that is going to be detrimental to them or their emotions, that you're actually going to look after them. And I think that's for me very important." (114-124)

> "I've often done that with, not so much whole families, but certainly mothers and children, where I get them to co-create a world in a sand tray, and you know, using some of the things like we have here (referring to the small world). And it's amazing how much more they communicate than if they're just sitting opposite each other trying to talk or trying to find the right words. Because I think, you know, most of us are not, I'm not that clever with words, you know, I much prefer to be doing stuff and things come out…" (126-133).

T5 was critical of an expert position and very much determined to 'get down and dirty' with the clients.

> "I mean well I think, it's not a theory, but I think that it's very brave of families to come for help. And I think that as clinicians we have to really demonstrate that in a respectful way… sitting alongside families and … co-creating where we go, because that sort of de homage type of approach, you know the sort of 'I give you the problem, you give me the answer' never really fitted … with my way of learning." (276-283)

Therapeutic Relationship

T5's enthusiasm for the work was palpable and this carried forward to the relationship level. Within that he addressed the issue of power and expertise in the relationship. While the issue of power and expertise was strongly implied at the identity level, it seemed to become more concrete at the relationship level.

The fact that the family had not done their 'homework' seemed to activate a reflexive loop at the identity, relationship and episode levels.

> "So yeah, yeah, they were going to do this piece of homework. So they turned up this next week, three weeks later, only me [the usual reflecting team was not available], and they hadn't done it. And I thought, OK, I'm trying to remember way back, when you give tasks, do you get cross about it, do you think, who cares, it was a rubbish task anyway, or do you go down the sort of you'll never know whether it would have worked or not. And I'm thinking, do you know, I'm not comfortable with any of those, I really felt I wanted them to experience doing it." (526-533)

This is a key passage in the transcript to understanding what happened in the episode and it is relevant across these three levels: identity, relationship and episode.

Using the hairdressing metaphor he spoke of what he brings to the work and how he aims to connect to the client.

> "I think this is a job that very few people get to do for as long as you know, we've been doing it. And actually it's incredibly privileged… It's different from chatting with your friends about their worries or their problems or sharing your worries with friends, it's a different type of relationship and I almost struggle a little bit, because we're not meeting as equals, because they have an expectation that you do know some stuff, you know, and I think to pretend that you don't, or pretend that we're equal just doesn't feel right, I mean, even going back to the hairdressing days,

> people didn't come to have their hair cut because they thought well you didn't know what to do, but you could talk the talk. They actually came for the haircut and so there had to be some skill there to start with, but then you co-created that haircut by talking to them and finding out what they wanted to do…you had to talk to people…find out what they want, what their lifestyles were, you know. If somebody isn't able or doesn't have the time to do their hair every morning then it needs to be able to get up and go, that's different to being able to spend an hour playing around with it, you know… yeah, so talking with families and trying to demonstrate *respect* that they brought their worries." (319-353)

So for T5 the therapeutic relationship consists of the expertise the therapist brings and a respectful collaborative joining with the family.

Episode The preceding formed the context for the first episode of action described, the enactment of the car journey by the mother and daughter.

As stated above, that they had not done the task provoked a reflexive loop in T5 which activated the identity and relationship levels. The impact of that force and the action episode that produced the action is described thus:

> "So I said OK, look, this is a bit unorthodox because I haven't got my colleagues with me, so what I'd like you to try and do is do the task here. … So I'm going to turn the lights off, and we're going to pretend that you're in a car. Put your chairs together and you two, you're going to have to be my reflective team, because I don't have any colleagues [the reflecting team was not available on that day], so you two must go and sit over there, corner of the room, which they did. And then I asked, this is Mum [small world figure], I asked Mum if she could pretend to be holding a steering wheel and make brrrmming noises. Which she found incredibly difficult and was a little bit self-conscious of. But tried. You know, she was game for it." (537-548).

The second episode was some sessions later. It was undertaken as a kind of reward for the family. It consisted of the reflecting team undertaking a sculpt of

the family in reversed roles, so team members played family members and placed themselves in the sculpt with the family taking the role of the reflecting team.

> "So there was an element of playfulness that two or three sessions later when we decided to do a sculpt, we decided to do a sculpt with a difference, and it was partly because one of our colleagues is in training and I'd been chatting to her over coffee before we saw the family and they'd been reading something about sculpt and she said I've never really seen one. And I said well we could do one, you know, but I wanted to try and do one that was a bit different. So … I suppose what I wanted to do was to pay back the family for being brave enough to play with me. So what I did was lay out a sculpt and say 'look what we're going to do is we're going to do a sculpt and you're all [family members] going to be the reflective team today.' So the family sat in our seats, in our reflective seats in the corner of the room. … And I directed a sculpt with my colleagues playing them. So I was still moving, directing people around…" (628-643)

In the role analyses I am going to use information from both enactments.

Step 3: Role analysis 1

This is my analysis of T5's understanding of the family in relation to the therapeutic dilemma around which the action was built. Figure 5.1 attempts to show in diagram form how reflection in action relates to the levels of relationship and episode above, and further expands an understanding of T5's use of action and the role which emerged for him in the moment of action.

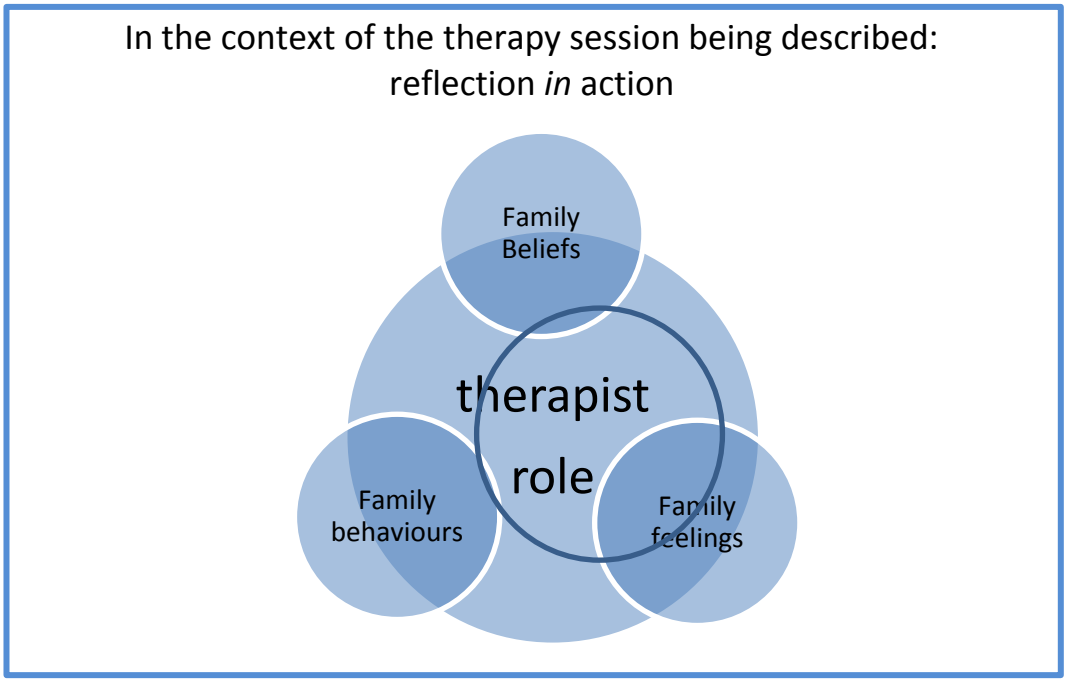


Figure 5.1: Role Analysis 1

This represents the role called forth by the hierarchical levels of relationship and episode. It encompasses the therapist's relationships in the room which may include their client or clients and a co-therapist. It might also include people not present but present in the therapist's mind in the moment as reported in the interview.

There will be many individual or family beliefs, feelings and behaviours which are beyond the therapist's awareness. They may or may not be relevant to the episode. These are represented by the circles which overlap the outside space. Similarly the therapist is likely to have many beliefs, feelings and possible actions which may be relevant to the situation. These are represented by the spaces between the circles inside the therapist role. Here we are considering my understanding of what is in the therapist's awareness in the moment of introducing action in the particular session with the particular family.

Role analysis 1

Context: the enactment in the session of the car journey they had not done as homework and the later enactment of the sculpt of family relationships by the therapy team.
Beliefs: my understanding of T5's beliefs about the family and its members in

relation to the presenting problem.	
The mother and daughter could not talk together without fighting. They needed a different experience to free them from the unwanted repetitive pattern.	"they couldn't communicate with each other without fighting." (481)
The father wanted an ideal situation but was an 'absent' father.	"but he was an absent father, he worked long hours," (506)
The younger daughter tried to be the peacemaker.	"the little girl, the 11 year old sister, was very good at trying to placate both of them, so she'd make comments about 'Mum's not too bad' to the sister and then 'my sister's not too bad', I mean she would try and show a positive side to both of them." (499-503)
The fifteen year old and her mother were in competition and at these times a symmetrical battle ensued.	"You know, so there *was* an element of competition. And they couldn't talk to each other without screaming and then she was torn off. And Mum would burst into tears, so it was that high energy emotional." (497-499)
Mother paradoxically also seemed emotionally distant at times. This emotional coolness was connected by T5 to her loss of her own mother in childhood. He chose a triceratops dinosaur to represent mother, highly defended and armour plated.	"this is a mum who lost her own mother quite young, I can't remember whether she was 13 or 11, but quite young, maybe 11. And her father, but she stoically just got on with her life and was a good student and didn't give her father any cause to worry about

	her or think that she wasn't coping. And it's almost as if she's stuck in that place and she doesn't know how to be with a teenage girl as a mum because she's not had any role model whatsoever." (728-734)
Feelings held in the family as understood by T5:	
Mother felt it painful to see the distance between herself and her daughter that was enacted in the team sculpt which came later, in the second episode of action.	"And Mum in particular became quite emotional and I think visually seeing that, the space between her and her daughter was, I mean Mum had cried before, but you know, was just, I think she was pained by this, this gap. And I think maybe even came to a recognition that perhaps there wasn't really enough time left to heal that gap before the daughter did leave, went off to university or something, you know." (722-727)
They were at war with each other. His rationale for choosing the action he had given as homework was to enable them to re-position themselves in relation to each other.	"…war analogy, but to take them out of their trenches where they had dug in and were just lobbing bricks at each other or grenades at each other and to bring them out to a new place that really didn't have that association." (603-606)
He was aware of unspoken fear in the family about the father's health.	", he'd had a heart attack a couple of years before, given up his accountancy practice then and was working in advertising, which was a much

	younger, buoyant sort of world and he was trying to keep up with it. I mean he still looked an accountant and he said 'I'm the only one in my office that wears a suit and tie'. But I think he was chasing after the work, so there was an element of 'is he going to have another heart attack?' So there was an unspoken elephant in the room almost, which was this 'is he going to keel over', you know." (506- 513)
Behaviour in the family in relation to the presenting problem as I understand it to be understood by T5:	
T5 understood that the poor relationship between the mother and older daughter was enacted at home in rows about homework.	"And the relationship between the teenage girl and the mother was extremely poor and Mum was unable to show very much emotion." (391-393) "The presenting problem was the child's behaviour at home. She was kicking off all the time; she'd also been a little promiscuous. And there were rows all of the time, I mean she was storming out and she was, I guess, at risk of self-harm: she threatened to cut herself. But I think it was the level of disruption in the family home and in school that was the main problem." (397-401)

T5 saw the father as trying to be helpful by making observations in a distant and quasi professional way that was not helpful. He therefore gave him a clear role later as part of the reflecting team. This emerges more strongly in the next role analysis.	"Dad would sit and observe all of this and then come in with some co-therapeutic crap at the end, you know, as if 'well I've watched this and this is my pronouncement on my family'," (503-506).
Although T5 did not use this language, it seems an 'unwanted repetitive pattern' [URP, Pearce 1989] was established between the mother and daughter. The mother noted this with the words 'every time'. The stress seemed focused on school work and ensuring the daughter kept up with the requirements perceived by the mother. Although it is mentioned in passing, the question of how to help the teenager with her dyslexia is likely to have been an additional source of tension and concern for both the mother and daughter.	"Mum would say 'every time I try and help her with her dyslexia or encourage her' … she had an examination coming up, or course work, it was earlier this year. She had coursework for her art, it was due and she was behind and Mum kept trying to get her to do the work at the weekend. Remember Mum had been to university doing art, so there was an element of 'my work will never be as good as yours' [for the daughter], so that… sort of competition, and Mum wasn't really doing anything to lower the bar. " (486-493)
Symmetrical escalation followed by schism.	"…they made the point that actually if a row broke out in the kitchen that would feel much more like Mum's territory. So she would tend to feel more confident. If a row broke out in her bedroom then the opposite would be true. She could demand Mum leave the bedroom, slam the door."

	(586-590)
Consequences/ Outcome/role which emerged: He became the Coach for Christmas Day Football in No-man's Land. "I think it was to take them out of their… trenches where they had dug in and were just lobbing bricks at each other or grenades at each other and to bring them out to a new place that really didn't have that association. So almost 'no man's land', you know, I wanted them to play football in no man's land … you know the famous story of the Christmas Day. I wanted them to just be without any of their hiding places, but not in a scary exposed way, although you could say asking them to do this was quite exposing…" (603-610)	

For T5 the information above is also relevant for the second role analysis – reflection *on* action.

Step 4. Role analysis 2

This is my understanding of the *therapist's* beliefs feelings and values in relation to his role regarding the particular episode of action described and his reflexivity within the episode. The second role analysis aims to identify the therapist's own beliefs, feelings and behaviours in relation to himself in the therapeutic role. This is represented diagrammatically by figure 5.2

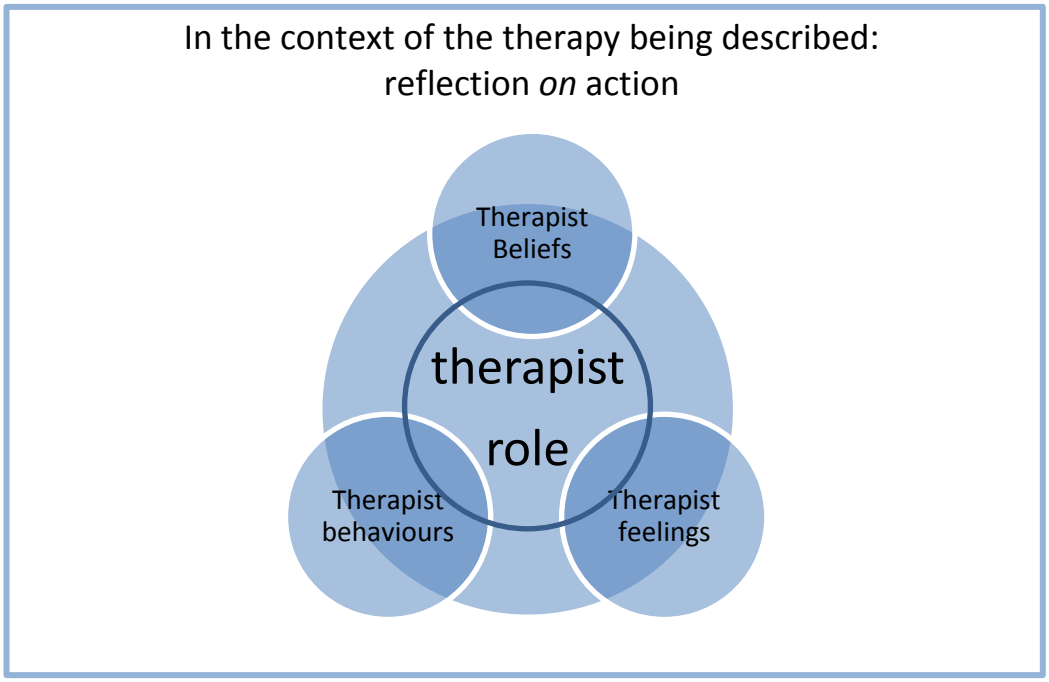


Figure 5.2: Role analysis 2

This represents the role called forth by the hierarchical levels of therapeutic culture and therapist script/ identity. It encompasses the therapist's understanding of what it means to be a therapist in the therapeutic culture in which he or she is embedded. Where the beliefs, feelings and actions are coherent the understandings which emerge are coherent: reflection *on* action is likely to be consistent with reflection *in* action. Where they are incoherent there is likely to be a conflict between the hierarchical levels.

The therapist will have many beliefs, feelings and behaviours available to them which may be relevant to the situation or to the practice of therapy but are either beyond the therapist's awareness or not considered relevant to this situation. These are represented by the circles which overlap into the space outside the role. Similarly the therapist is likely to have many beliefs, feelings and possible actions which may be relevant to the situation, but not within consciousness. These are represented by the spaces between the circles inside the therapist role. Here we are considering my understanding of what the therapist considers to be important factors in the practice of therapy at the higher levels of context.

Role Analysis 2

Context: Enactment of an imaginary journey in the therapy room.
Beliefs: my understanding of the therapist's beliefs about himself in the

episode described.	
If he could help them sit beside each other it would give them a different and more positive experience. This was brought to mind by an experience he'd had as a social worker. (Identity level) He believed that if the mother and daughter could sit side by side it might help them experience a different kind of relationship and defuse the conflict (at least temporarily).	"I was particularly thinking of a young boy who had burnt down a wing of a stately home, and he was having to be moved in an emergency and we were travelling down this road in, motorway in Kent and he began to talk about his family in a way that he'd never, ever done when I was sitting opposite him in a sunny room. Suddenly, not having my gaze or expectation, I was busy driving and just, he was just able to think out loud almost. So I suggested that maybe these two, Mum and daughter, could take themselves on an imaginary, you know, repeat of that journey that I had in my mind" (468-477) "I said you mustn't look at each other, you're just going to stare ahead." (562-563)
Being in the 'not knowing' connected the therapist and the family and the therapy team together in an important way. This statement was in relation to the sculpt which occurred in the session following the car journey.	"It was the 'not knowing' I think that I enjoyed them witnessing and I thought that that in fact brought the group of us together in a way that maybe we hadn't been before." (826-828)
Naming things in words can be	"I think it [the sculpt] opened it up in a

experienced as cruel, whereas the client seeing the thing for themselves, though painful, may be easier to take in. Action helps meaning to be brought forth.	way that we had been *talking* a lot about that emotional coolness of Mum in our post sessions, but hadn't managed to find a way or been brave enough perhaps to say it, it felt too cruel to say it in words, but somehow to show it, it felt a bit more natural. So the therapeutic element of showing it was….So that they could draw some conclusions themselves. And weren't being told, they would come to their own place where perhaps they could see what was happening and therefore resolutions might come from that, you know." (737-746)
His belief that through the action a new meaningful system was being created fit strongly with his cultural beliefs about therapy.	", you know, family therapy, the therapists and the family, it's one system hence you know, I suppose I felt more part of them, I felt I had joined their system. I think these (father and eleven year old) felt they had joined mine, and I think they (mother and daughter) thought actually it was quite fun, you know. So there was an element of playfulness…" (624-629)

The importance of play and playfulness was reinforced.	And later… "So it was powerful, it was very powerful. And it was also fun." (751)
Feelings: my understanding of the emotional quality of the intervention for the therapist as he described it.	
The importance of perseverance.	"I really felt I wanted them to experience doing it." (532-533)
A strong feeling of empathy for and connection with the family.	"I suppose it left me feeling this could quite easily be me bringing my family into therapy … and how … I would want to be worked with in a way that was creative and fun, not too stuffy … and not too 'I know what to do', you know, but actually seeing us swimming around not quite knowing." (822-826)
Sense of privilege to be on the journey with them and part of the team. This statement again related to the sculpt in the later session.	"I think seeing my colleagues role play them, there was a neutrality, it almost, I think I felt more privileged to be part of this journey that they were going on or they were allowing us to share in that, but also seeing my colleagues role play, it was like this is our problem, this is your problem, it's sort of, it's not client/therapist, it's like we're all in this struggling together and seeing them struggle to position themselves, I guess made it more, this could be any of us, any of us could actually be in this position."

Behaviours: my understanding of the therapist's behaviours in the session influenced by his beliefs and feelings.	
In setting the homework task, T5 became more directive than usual. His enthusiasm may have influenced the mother and daughter to agree to do it when they were less than fully committed.	"And I was more prescriptive than I would normally be, and I suppose I just got carried away with what it was about my car journeys that worked and it was the darkness and it was the motorway etc, so I said OK, look, the car journey has to be at least 30 minutes, it has to be dark and you have to be on a motorway. So the obvious one round here would be to go to [name of town], get on the Mxx and go to [name of another town], turn around and come back again. That would give you about 30 minutes each way on a straight motorway road. So yeah, yeah, they were going to do this piece of homework." (520-527)
T5 asked them to enact the journey in the therapy room.	"So I said OK, look, this is a bit unorthodox because I haven't got my colleagues with me, so what I'd like you to try and do is do the task here" (537-538)
T5 gave the other two family members the formalised task of being the reflecting team.	"… so I asked them to feed back [as the reflecting team] and they were wonderful, they fed back as if they were my colleagues. They gave me two or three points, they reminded each other they shouldn't give too many instructions. And you know, almost dressed up to the

	game, like they were in the role and they were going to do it and they gave feed back and they said how uncomfortable they both looked [mother and teenager], but actually in a way they made the point that somehow doing the task evened up the relationship, that it wasn't sort of 'accomplished artist trying to encourage daughter to do some art', somehow being sat there, both looking uncomfortable sort of gave them an equal playing field a little bit." (575-584)
Respectful and encouraging through action.	"I think that as clinicians we have to really demonstrate that in a respectful way, (276-277)
Consequences/ Outcome/role which was brought forth: Respectful not-knower. "So that they could draw some conclusions themselves. And weren't being told, they would come to their own place where perhaps they could see what was happening and therefore resolutions might come from that, you know." (745-747) This is coherent with the coach role in the previous role analysis and highly consistent with his descriptions of himself at the higher levels of context: culture and identity.	

Step 5: Logical forces and the obligation to act

Interpersonal logic – this section aims to show my understanding of the logical forces which governed the introduction of the episode of action in the session described by the therapist in retrospect as it unfolded during our interview. It

draws on the information contained earlier in the contextual/implicative forces analysis and the two role analyses.

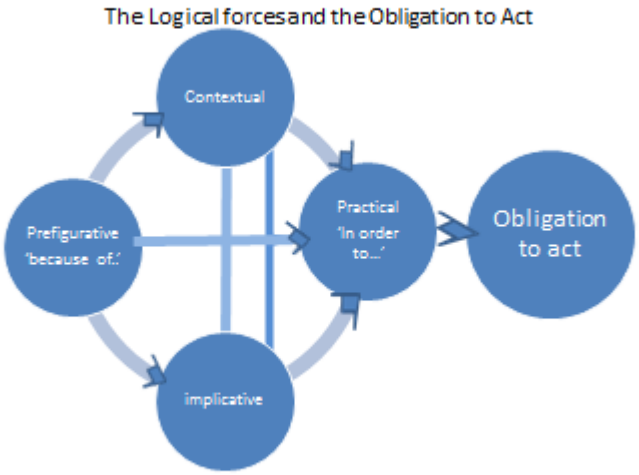


Figure 5.3

Logical forces

Figure 5.3

The vertical axis represents the contextual and implicative forces, with the hierarchical arrangement of contexts relevant to therapy: therapy culture, therapist's script or identity, therapeutic relationship, episode of therapy and therapeutic action. It is comprises of all the meanings relevant to the therapist in relation to themselves and their clients brought by them into the episode.

The horizontal axis represents the prefigurative and practical forces in operation in the moment of action. The prefigurative force is encapsulated in this research as the action or statement immediately preceding the introduction of action: the therapist's 'because of this...' The practical force is understood as what the therapist is trying to achieve in the moment: the next step, the 'in order to...'

The moment of obligation to act

For T5 the moment of obligation to act occurred when the mother and daughter had not done their homework and he was deciding what to do.

> "And I thought, OK, I'm trying to remember way back, when you give tasks, do you get cross about it, do you think, who cares, it was a rubbish task anyway, or do you go down the sort of you'll never know whether it would have worked or not. And I'm thinking, do you know, I'm not comfortable with any of those, *I really felt I wanted them to experience doing it.*"[my emphasis] (528-533)

> This is the 'because of' for T5 in the moment of introducing action. The 'in order to…' followed.

> "I wanted them to just be without any of their hiding places, but not in a scary exposed way, although you could say asking them to do this was quite exposing… I didn't want it to go on for too long, I just wanted them to get a flavour of whether they could actually begin sentences and talk, begin the batting backwards and forwards, I didn't want it to turn into a full scale confession or fight, but just begin to say look, I can say a sentence and you can say one back to me and that works. Almost, you know that's the beginning of it working." (608-618)

Step 6: Afterlife

This aims to identify the impact of the action on shaping future action from the therapist's perspective. It was difficult to distinguish the impact of the separate actions – the car journey and the sculpt – on T5. However he saw it as not a magical cure but as giving them a different experience and providing some shared material for the therapy.

> "Yeah, I mean we've only seen them I think once or twice since then [the sculpt], I mean it didn't change things dramatically, but they're talking still… I think that Mum has backed off a little bit in terms of trying to

> push her daughter into, I mean she knows she's not an academic genius but she's still at this quite high academic school." (757-761)
>
> "Because we're seeing them next week, week after next, after half term. And this has just made me think… maybe it's time to re-visit the sculpt, but to get them to do it this time. You know, they can play their own roles..." (765-768)

Step 7. Afterlife of the interview:

T5 reflected on the interview and the use of the small world.

> "For me, it created a memory picture much more vividly than if I'd just been talking. Maybe I would have been thinking where were they standing, but actually trying to you know, set up the parameters of the room in my head and this is where the therapists sit or the reflecting team sits, it just made it, you know, I wasn't really thinking about the characters as such…So I could see it…
>
> "It's more real, for somebody who has a learning style which is about pictures and diagrams, … So I think by just by positioning the family I was back in the room watching it happen. So it felt as if that was actually happening… Yeah, I think it leaves a more powerful imprint." (883 – 893)

Reflexivity/ Afterlife of the interview for me. This was the most fun of all the interviews. I became absorbed in the story and the storytelling, the 'as-ifness'. For me the afterlife has been in reflecting on the interview as a whole. It is the most complete in terms of the exploration of the action moments.

I was very moved by T5's passion and enthusiasm, much as I have been by others, even though his and T1's have been most prominent. I was touched by T5's words to me when I asked for his comments on the process of the interview:

> "…it was enjoyable. I wasn't quite sure what we were going to do with the toys when you took them out or whose story we were looking at. But I

> guess, you know, 'practice what you preach'; I would have tried to do whatever it was you wanted me to do. It felt, I feel quite looked after. I don't feel that you would have placed me in a position that was, you know too disclosing or too embarrassing or whatever, I felt I was within a structure, so that felt comfortable, which I guess is what we try and do with families: to hold them in something they know we're not going to go too bizarre." (847-855)

Step 8 Implications for practice. Returning to the hierarchical model, implications for professional practice emerging from this interview can be identified at various levels.

Culture

- Apprenticeship – Staff development. Within the organisation there is an ongoing programme of training and an expectation that more senior members of staff will contribute to the learning skills building.

Identity/Script

- Play and playfulness is essential.
- Joining with – a shared experience: being willing to do it yourself.
- Enthusiasm transfers to families.
- Action helps the therapist develop empathy and understanding.
- Voyaging together into the unknown.

Relationship

- Power and expertise
- Joining with – a shared experience: being willing to do it yourself.
- Feeling connected to the family.
- Enthusiasm transfers to families.
- Voyaging together into the unknown.
- Playfulness: difficult things can also be approached in a way that is fun.

Episode

- Some things are cruel to say in words but easier to show.
- Being held within a structure.

The next chapter summarises the findings contained here.

Chapter Six

Summary

6. Overview

This brief chapter aims to draw together the findings by highlighting the similarities and differences between the five interviews.

6.1 Common factors in the interviews

As can be seen from the foregoing each of the five interviews was exceedingly rich and detailed. A more in-depth analysis on any one of them than space here permits might have been undertaken.

It was interesting that four of the five situations, indeed all of the family therapy situations, presented involved the issue of competition in the presenting problem, even though the families and the overall context for each of the families was very different. The one that did not overtly involve competition (T2) was an individual who was searching for clarity in relation to her identity.

It was also interesting that each of the therapists described two episodes of action with the same family even though one episode only was asked for in the interview. It was as if a warm-up was needed and more context setting.

All five of my participants described episodes from the middle stages of therapy though they all mentioned that action might be used at different times, including in assessment.

6.2 Unique factors in the interviews.

Although overarchingly systemic, all of them drew on different aspects of systemic theories, from first order structural ideas, to social constructionist and dialogical. These will be discussed further in the next chapter.

The information from the following two tables will be integrated in the discussion.

Summary of obligation to act. - Table 6.1 summarises the nature of the problem, the systemic theories applied, the articulation of the prefigurative force and the action introduced.

Participant	Nature of the problem	Theories of change which inform the introduction of action.	Prefigurative force	Action
T1	Competition and 'sass'	Cybernetics, communication, social constructionist, reflexivity and recursiveness.	"And since competition was such an issue for them I felt that I needed to get a game where I could accentuate the competition and show both competition and co-operation at the same time. 'Cause I didn't want to fight the competition but to cooperate in it." (315-318)	Game of connect four.
T2	Exploring aspects of self	Social constructionist	"I wanted to help her look at the many selves that she was." (171)	Stone sculpture
T3	Post adoption 'settling'. Competition between the siblings.	Structural, social constructionist, specific methods – Burnham also Chimera.	"What I was looking for I guess was to engage eight year old in the work … and not just eight year old, *all of us really* (my emphasis) to develop a sort of consciousness that um supported that kind of connection. And I was, my sense was that I wanted to step out of a kind of analytical frame." (370- 375)	Enactment of a cuddle
T4	Self-harm and competition between mother and daughter	Structural, narrative, social constructionist.	"So I stood up and sat right on the floor really. Because.. my thinking was that *I wanted to just break up what they were doing* and so I thought I would do the opposite of what they expected. And so it was unexpected in relation to my power, because they are in a power struggle all the time. And I didn't want to just say 'shut up' (said with animation) and be another loud voice." (489-494)	An unusual action on the part of the therapist to interrupt the unwanted repetitive pattern.
T5	Competition and mother/daughter relationship	Very vague. Inferred dialogical. Play theory.	"I really felt I wanted them to experience doing it…" (533) "I wanted them to just be without any of their hiding places, but not in a scary exposed way..." (608- 609)	Enactment of an imaginary car journey.

6.3 Summary of themes which emerged in the hierarchical levels.

Level	T1	T2	T3	T4	T5
Therapeutic Culture	Goal in mind. Therapy continues after the sessions have ended.	Action as another form of conversation. Experiencing the method while in training. Integration of learning from prior professional experience. Specific theory regarding use of action.	Training in experiential work should be experiential. Awareness of the impact of power in the organisation. The importance of de-briefing and supervision,	Power. Understanding embodiment. Impact of trauma on the ability to talk. Staff development.	Apprenticeship
Therapist script/ identity.	Novelty. Therapist as healer. The use of metaphor in action. 'Noticing' and the importance of 'emergence'	Therapist as healer. The importance of the therapist having an experience of using the method.	Spontaneity. Complexity where members are at different stages of development. Ensuring the participation of everyone	Being shown by a mentor. Novelty Introducing difference in a physical way. Maintaining hope. The time gap between training and feeling confident as a practitioner.	Playfulness Joining with – a shared experience. Being willing to do it yourself. Enthusiasm transfers to families. Action helps the therapist develop empathy and understanding.
Therapeutic Relationship	Shared experience of action. Shared reflection on the action.	Discovering something together through action.	Playfulness. Power in the relationship. Meta communication. Action can help with self-regulation of strong emotions.	Risk taking, for clients and therapists. The therapist's relationship with herself. The relevance of the action to the therapy	Power and expertise Joining with – a shared experience: being willing to do it yourself. Feeling connected to the family. Voyaging together into the unknown. Playfulness.

6.4 Critique.

How the therapists specifically considered ethics of practice might have been more fully explored in the interviews. I have considered ethics to be situated at the highest level of context, that of therapeutic culture. T3 and T4 and T5 to some extent raised the question of ethics as access to treatment was an issue in the work.

The analysis I have undertaken is both very detailed and very personal to me. It is likely that others might pick out other elements of the transcripts.

In the next chapter I will discuss and draw together conclusions from the experience of the interviews and the material they have generated.

Chapter Seven

Discussion

"I hear and I forget. I see and I remember. I do and I understand."

Confucius

7.1. Summary of the overall findings.

I have set out to explore how family therapists use action in their work by interviewing five experienced systemic family therapists. I have used the structure of role analysis and the idea of logical forces from CMM to try to understand the therapists' use of action in the moment.

As described in my introduction, three overarching fundamental questions guided my process in this study:

- Is the way systemic therapists use action in their work with families coherent in respect to their beliefs, feelings and behaviours in relation to the task of therapy?
- Is it ethically sound and how do therapists assess this?
- Is the introduction of action methods consistent with a collaborative, social constructionist, systemic approach?

It is my assertion that action and action methods in therapy are not 'just another way of having a conversation.' The use of embodied action is very different from having a conversation in language. In what follows I hope to illuminate how. Based on my findings I will show that the use of action with families in systemic practice may warrant a rethinking of the way they are approached in training. A way of introducing this will be discussed in the final chapter.

7.2 Coherence

In the methodology section I have shown coherence as a core concept in CMM. The data show coherence between levels of context and the role analyses in the introduction of action into the therapy session. In none of the descriptions was the action impulsive or undertaken because the therapist was stuck or did not know what else to do. T4's spontaneity in interrupting the argument between the mother

and daughter may at first seem impulsive. However in deconstructing the moment her action was clearly based on:

- her knowledge of the clients,
- the therapeutic relationship which had been established,
- her assessment of the relational reflexivity (Burnham 2005) which the relationship could support.

It was not an impulsive act but one which involved all the knowledge she possessed in relation to the moment: tacit and implicit.

"And I didn't want to just say 'shut up' (said with animation) and be another loud voice" (491).

Earlier T4 had talked about how in joining with clients she was quite capable of saying 'shut up'. "And I'm thinking I'm quite kind of … 'shut up' you know" (457-8). The action taken was coherent with the needs of the clients and the therapy in that moment as perceived by the therapist.

In analysing the process of the introduction of action into the session, all five of my therapists were extremely thoughtful in their application of the action method that was chosen, whether that was 'spontaneously' enacted in the moment as for T4, or had been pre-planned as for T3. Plotting the actions at the hierarchical levels of context showed a high degree of internal coherence for all five of the therapists in different ways which are shown in the overall analysis of each of the interviews.

This coherence was confirmed and deepened in the role analyses as follows.

The first role analysis – the therapist's understanding of the family's beliefs, feelings and behaviours – made it clear that a great deal of connection had been made in to trying to understand the logic of the problem for the family system or individual. Generally this was undertaken in a collaborative, exploratory, curious and non-judgmental way. This role analysis relates to the relationship and episode levels of the CMM structure.

The second role analysis shows how the therapist's beliefs, feelings and behaviours about themselves in relation to the family or client are coherent and consistent with the way they understand the therapeutic culture in which they are embedded and how that organises their understanding of themselves as therapeutic agents.

The issue of coherence becomes a stabilising factor in the three issues which I believe have emerged as important in understanding the systemic use of action: full therapeutic positive regard, sometimes referred to as 'therapeutic love' (Tomm 1998) spontaneity and playfulness. These are further explored below along with some specific factors which I believe are connected to them.

7.3 Ethical practice

My five therapists showed implicitly and explicitly that they were continually evaluating their use of action against ethical standards of practice which they held important at a high level of context embedded within the therapeutic culture.

They all presented situations which had challenged them. For T1 and T3 the central concern could be seen as the family '*becoming* a family', though from very different perspectives: one a reunification of a family, the other issues arising from the adoption of the children.

T3's practice is challenging from an ethical perspective in that although his overt goal was to help the girls become more comfortable in the family, he seemed to have a conflicting belief, which he understood as shared by the father, that they also needed to resolve their pre-adoption experiences which were probably traumatic in that they would have had disturbing experiences in their family of origin. Further, both he and, in his perception, the father recognised this as important for the therapy and also an area which was difficult for the mother to explore.

When T3 became caught up in the moment with the secondary agenda, the mother became very uncomfortable and this introduced discomfort into the system – the antithesis of what was intended. The strange loop that may have been established

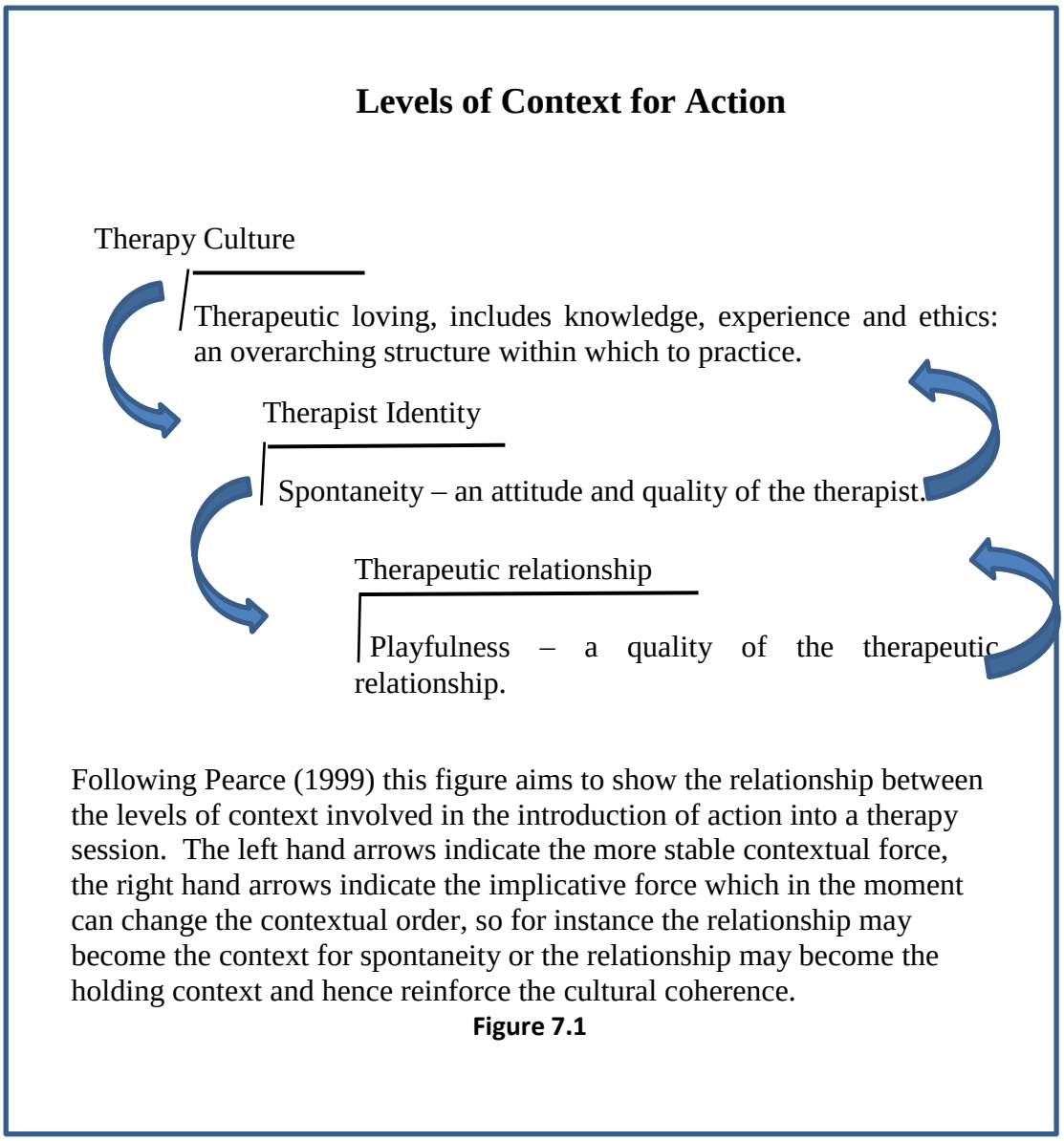
(see the analysis of T3 previously) is hypothesised here as a result of the conflict between the explicit and implicit goals. The discomfort in the system activated another feedback loop which enabled him to examine his practice and take steps toward correcting it. This activated a reflective process and enabled him to step out of the paradoxical bind of comfort/ discomfort in which he was caught. In this instance the discomfort was helpful for the next stage of the therapy. It promoted a learning process for T3. One can further hypothesise that had he tried to explain it in a different way, either by minimising it or holding the mother accountable for it, the progress of the therapy might have been adversely affected.

Ethical practice is a key factor in establishing a therapeutic culture in the use of action methods and this will also be explored more fully in the next section.

7.4 Introducing action into a therapy session: three related levels of context – therapeutic loving, spontaneity and playfulness

In the process of undertaking the analysis of the use of action, three factors kept emerging at the contextual levels of culture, identity and relationship. In the hierarchical model they form the context for the successful introduction of action. They are fully recursive in that each level can be understood in the context of the other. Figure 7.1 attempts to show the relationship graphically.

I have drawn from CMM, systemic theories, psychodrama, social constructionism, constructivism, attachment theory, and neurobiological research to explore the findings at the different levels.



Following Pearce (1999) this figure aims to show the relationship between the levels of context involved in the introduction of action into a therapy session. The left hand arrows indicate the more stable contextual force, the right hand arrows indicate the implicative force which in the moment can change the contextual order, so for instance the relationship may become the context for spontaneity or the relationship may become the holding context and hence reinforce the cultural coherence.

Figure 7.1

Here I am proposing 'therapeutic love', discussed more fully below, the opening of space, as the overarching context for introducing action. Connected to the ability to open space are issues of knowledge (having a theory base that supports the introduction of action, expertise (the skills and experience necessary to put the action into practice) and power (the ability to apply knowledge and expertise in an ethically sound way) also become important. At the level of therapeutic identity the issue of the spontaneity of the therapist is key, and at the level of therapeutic relationship the issue of therapeutic playfulness being generated between the therapist and the family is crucial. They are reflexively and recursively related.

These are highly regarded concepts in systemic therapy and it might be argued that they are present in any therapeutic relationship whether or not physical action is involved. However they seemed particularly pertinent in this analysis. The three issues are difficult to untangle as there is a recursive relationship between them. They are elusive in that in focusing on one the others swim into view in an insistent way.

In what follows I will examine each in turn.

7.4.1 The Therapeutic Culture level of context: Therapeutic Love – Opening space

Therapy Culture

Therapeutic loving: knowledge, experience and ethics.

At the level of therapeutic culture the overall approach to the clients at the moment action was introduced was one of high positive regard, an absence of blame and a strong wish to understand the dynamics of the system and how to help. This is identified by Karl Tomm (Freedman and Combs 1996) as *therapeutic love* and is characterised as *opening space for exploration.* Tomm was strongly influenced by Umberto Maturana.

"Maturana defined love as "acknowledging the legitimacy of the other in relation to the self" (Tomm 1998, p185). Tomm expanded on Maturana's position, articulating an ethical therapeutic view of 'love as opening space for the enlivened existence of others.' (Tomm, Hoyt and Madigan, 1998)" (Quoted in Strong et al 2008)

This opening space used in a collaborative way is postulated by Tomm as one of four possible ethical postures which can be taken by the therapist:

- "'manipulation', based on the therapist's perception of family pathology and secret professional knowledge;
- 'confrontation', based on the therapist's perception of family pathology and professional knowledge that is shared with the family;

- ‘succorance’, based on a wellness approach to the family and a hierarchical relationship with the family which includes secret professional knowledge;
- ‘empowerment’ finally the one which is of importance here, based on a wellness approach to families and collaborative relationship with the family encompassing shared knowledge.” (Strong, et al 2008 p180.)

Tomm argues that while empowerment is clearly the ethical posture of choice, in any therapeutic endeavour one or all of the other postures may become necessary. Here I am arguing that for the successful introduction of action into the therapy, a posture as defined by Tomm as empowerment is essential.

Within this overall therapeutic culture of opening space, three specific issues have arisen from the data as significant: power, knowledge and expertise. These are now explored in turn.

7.4.2 Power

One of the critiques of action methods is that they may constitute an imposition of power onto the family by the therapist. The therapist has expertise and might exercise it in a way that is not collaborative. This was a strong critique in the field in relation to first order approaches which arguably emphasised action methods in therapy.

In ‘Approach, Method and Technique’, Burnham (1992) examines the coherence with which systemic practitioners operate within a moral and ethical structure. In initiating action methods my five participants all operated within a consistent ethical framework that had its roots in their therapeutic culture, their overarching approach to practice. All five participants applied their expertise with sensitivity to power issues, this was clear either implicitly or overtly. There were errors and corrections. Relational risks were taken. T3, T4 and T5 were particularly sensitive to this.

T1 was perhaps the most overtly sensitive to power issues in the session. He chose to sit on the floor with the children while the young woman with parental authority was seated in a position above him. In this and other ways he consciously supported her authority.

Current approaches to systemic practice emphasise collaborative, transparent and anti-discriminatory practice. Particularly with regard to the actions and attitude of the therapist, the power of the therapist himself or herself is a central factor in any therapeutic endeavour and in any examination of the therapeutic relationship (Flaskas and Perlesz 1996). This will be further examined below.

The feminist critique of family therapy particularly helped to bring the issue of power imbalances in families to the forefront of our thinking. (Walters, Carter, Papp and Silverstein 1988, McGoldrick, Anderson and Walsh 1989, Burck and Speed 1995, and many more.) This was further developed to examine how the therapist themselves may inadvertently support a power imbalance in the family by applying normative models of family functioning with regard to gender and culture (Goldner1989) which may have been oppressive in themselves.

Action methods are if anything, even more at risk of doing just that. For instance it could be argued that by not involving the father on the floor with the mother in the 'cuddle' exercise, and the father ending up *by default* in an observer role with the therapists, T3's practice could be seen as supporting a normative view of the mother in the family as responsible for nurture. His reflection on this brought into sharp relief the conflict it raised with his self-identity as a gender sensitive therapist and created a sense of discomfort for him as well as his co-worker and the family. This conflict at the level of therapist identity could be considered to have exerted an implicative force on this higher cultural level and hence provoked a re-examination of his actions.

One contrasts this with T5's action in giving the father and younger daughter *specific* roles which, while removed from the centre of the action, allowed the action to develop and for them to be strongly connected to it as participant observers.

> "…so I asked them to feed back and they were wonderful, they fed back as ''if they were my colleagues. They gave me two or three points, they reminded each other they shouldn't give too many instructions. And … they gave feedback and they said how uncomfortable they both (mother

> and teenage daughter) looked, but … they made the point that actually somehow *doing the task evened up the relationship*, (emphasis added) that it wasn't sort of 'accomplished artist trying to encourage daughter to do some art', somehow being sat there, both looking uncomfortable sort of gave them an equal playing field." (575-584)

Contrasting this to the episode for T3 shows that had T3 had a more useful framework for understanding and reflecting on action, as is proposed here, his discomfort and that of the parents and his co-worker might have been utilised as important information about the differences between the parents, what was not being said and might have uncovered more helpfully what was being avoided, rather than the general discomfort they felt in the moment.

It seemed evident to me that all five of the participants were aiming to consider their application of power within the relationship almost as a backdrop to the action itself. Although only T4 mentioned power overtly all of them were appropriately operating from second order principles: participating with the family in the collaborative co-construction of a therapeutic experience. Each of them seemed to be considering power in different ways that were based on the context. This recursively relates to the therapeutic relationship level below.

a) Power invested in institutions: access to services and 'The way we do things here."

Three of my participants worked in institutions where clients must reach a threshold of need in order to qualify for a service. The threshold is set by managers, not necessarily clinicians.

T3 implied that his client family had been waiting for some time, having been referred in the previous year, and the problem had existed for the family for a long time before therapy was able to start. My hypothesis here is that having to wait for therapy and also the (probably unspoken) anxiety that therapy might be withdrawn may have had an impact on the therapeutic collaboration. It may have been that the mother did not feel able to challenge the therapists directly with

regard to the action they introduced. Her statement that 'we do this at home', whilst not deconstructed in the session, was full of meaning for the therapist.

> "I might've again, reflecting later or reflecting if I'd been quick at the time, though she's perhaps telling us she's not quite entirely comfortable with this…In in this setting, in this context… there at that point she wasn't seeing how this might be relevant … to the therapy. There was a gap for her there. …
>
> Well there was clearly enough at the time to make me feel that this was something that we could proceed with or that we could continue with… that this would be something that we could you know come back to if not in action then in our reflections later." (452-466)

The power of the institution was perhaps most strongly expressed in T4's situation. I asked specifically about this, my dialogue in bold.

> "I guess what I'm most curious about is engagement with treatment, engagement with the work. Getting away from the medical terms, not 'treatment' but 'intervention.'
>
> "Yeah …she comes [to therapy] … she's engaged. …and lots of people don't and you can't make them. But that shapes their, whether they can be here or not. So, it's not and I think that sounds a little bit of like 'if you don't come you can't get the service' ... But I take your point it's not quite like that. I think we're actually … I'm quite proud of how we speak with families about what their choices are. You know I think we work very hard to help people to come and work, rather than come and get held in some kind of custodial way and then go home again. It doesn't work like that at all. Once you are out and in a relatively secure base, you know, in patient … work, it's not that you're in then you're out, you're held then you're free, at all. There's a real open door, and if you're not under a section of the mental health act, which some people are, they can come and go as they please. So then it's like … there isn't a sense of custodial power in that respect. And then we have to engage families as we would anywhere

else. I mean the one thing is, that they are often a lot more anxious at the beginning than they are when you see them in tier 3 or tier 2 or in another service because their children have usually done something to get themselves in here." (404 -424)

My point here is that working within the constraints of institutional power is a factor which must be taken into account when engaging in action with families in a slightly different way than one is engaged in conversation only. In action one is asking for risks to be taken in a different way: physiological arousal, emotional engagement, and different perceptions are engaged in action. Action methods have the power to activate responses which may be unexpected. Behaviour may be triggered which is not entirely predictable. It may be inadvertent and surprise the client as well as the therapist. If the risks are not considered on a level which includes the context of the institution, clients may be left feeling exposed and shamed.

Attachment theory (Bowlby 1969) stresses the relationship of emotional and physical safety to the ability to explore. Byng-Hall (1995) takes this further in emphasising the importance of the therapist establishing themselves as a safe base and the therapy as a place within which risks can be taken. The extent to which the institution itself can be a safe base for both the therapist and the therapy itself will have an impact on the ability of the clients to engage in a process of exploration. Certainly in the current climate of cuts and austerity the ability to take risks and explorations in therapy may be affected which is likely to have an impact on creativity.

b) Responsibilities to junior staff

Sometimes the needs of the clients have to be balanced with other responsibilities. Senior therapists are usually responsible for the training of new and qualifying therapists. This can generate conflict at the level of therapeutic culture. All of my participants are experienced therapists who have responsibility both conferred upon them and also felt within them as a professional obligation, for the training of less experienced therapists and practitioners. I will argue below that it is

crucially important that therapists in training have the opportunity to experience action for themselves.

T1 and T2, though in independent practice, work in institutions where they are senior trainers of family therapy students. T3, T4, and T5 work in contexts in which they are expected to contribute to the development of less experienced colleagues.

The dilemma is immediately apparent. If the introduction of an action method is seen as doing something *to* a family, as trying out a technique, or providing trainees with an experience as an end in itself, it is very likely to provoke a conflict between the levels. It would not sit easily with either the therapist's identity or the therapeutic relationship. The conflict could occur at any level. Ethical considerations would predominate if, for instance, the provision of an experience for trainee therapists became the highest context for introducing action. Yet in all three of my interviewees who worked in a statutory setting, the training of less experienced professionals was an expectation they undertook with responsibility. For T5 it was explicitly mentioned as part of a rationale for introducing action.

> "So there was an element of playfulness that two or three sessions later 0when we decided to do a sculpt, we decided to do a sculpt with a difference, and it was partly because one of our colleagues is in training and I'd been chatting to her over coffee before we saw the family and they'd been reading something about sculpt and she said 'I've never really seen one'. And I said well we could do one, you know, but I wanted to try and do one that was a bit different." (628-634)

However when considering the transcript as a whole it was clear to me that his respect and care for the family was the highest order of context for him. The task is a complex one with competing demands. Skilled therapists need to be able to pass on their skills and enthusiasm. And this must always be in the service of the family.

c) Expertise as power

In relation to action methods there is a particular critique associated with charismatic practitioners such as Minuchin (Minuchin and Fishman 1981) and Satir (Satir et al 1991), as applying methods in a first order manner where the therapist had expertise and directed the change in the family, told the family what they needed to do and promoted the certainty that they knew what was going to work for them.

In second order therapy the emphasis is on the therapist as part of the system.

It is not my intention here to review the issue of therapeutic power in systemic practice in general. The issue of power in the therapeutic relationship has been a central concern of systemic therapy from the beginning and is a major ethical concern at the heart of any systemic practice. The famous Bateson-Haley debate regarding the existence of power and whether or not it is an error of thinking marked a divergence in the perception of power in systemic practice which has continued until the present day. (Williams 1989)

My sympathies are with Bateson with regard to power in therapy and I believe that a more helpful construction of power in therapy might be to think of the power of the therapist as democratically conferred leadership. If power is being used in a way that does not fit with a sense of being helped, clients have options which include bringing it to the therapist's attention, making a complaint, or dropping out of therapy.

In using action in a collaborative way the family and therapist together shape the therapy and draw on procedural resources and expectations of what constitutes meaningful therapy.

The paradox of power in the use of action is how to decentre oneself as the therapist (Wilson 2007) and at the same time provide the structure, containment and spirit of adventure that is necessary for the successful introduction of action.

d) Knowledge as power

A discussion of power cannot be separated from a consideration of therapeutic knowledge or knowledges. Here this refers to the theoretical basis on which

therapists rely to guide their actions. Each of the therapists referred to a set of systemic ideas which formed the basis for their rationale in introducing action. These were varied and there was no one dominant approach, though structural and social constructionist approaches were mentioned together. In the questionnaire that was completed at my workshop in 2009 (see appendix) eighteen questionnaires were returned by family therapists or student family therapists. A very wide range of systemic theories and ideas were drawn upon for the use of action.

In this research each of the five therapists was confronted by a unique set of circumstances in relation to the families or individual in therapy. All had a clear goal in mind, an end in view, which had been co-constructed with the family. The application of knowledge to the situation would emanate from the therapist's own unique history: their training, professional and life experiences. Each of them had a set of theoretical ideas which made the use of action appropriate to the situation. This knowledge is drawn from across the field of systemic theory. There was not one body of knowledge which governed action, though Structural family therapy techniques (Minuchin and Fishman 1981) were specifically cited by two of the therapists, social constructionism and cybernetic ideas were also being utilised to organise the introduction of action.

Whichever systemic theoretical tradition was being drawn upon, the knowledge was reflexively applied *in the moment* to the emerging meanings that were created in the room during the action. The therapist judges the best fit for the client in the moment based on their knowledge and experience of the particular family. Oliver and Brittain (2001) argue that knowledge is emergent and can never be finished. In this way the knowledge of the therapist joins with the knowledge of the family in the unique creation of a shared event. This has strong implications for the levels below: therapist identity and therapeutic relationship.

T1 expressed this as follows:

> "And so every bit of interaction, interplay, told me, gave me feedback, positive or negatively about whether or not I was moving in the direction,

> the larger direction of my goal, or if I was missing it all together. So it changed me in that way. And I also felt myself becoming more compassionate and available, or emotionally available to them. So I knew that something was happening to me. So I assumed that something positive was happening to them because they also kept coming back and not wanting the session to be over. So those were little things that told me something's going on here." (446-454)

This passage exemplifies what Shotter (1993, 2008) calls 'knowing of the third kind – knowing from within' and indicates a strong sense of how to go on.

Therapeutic knowledge would have to also include a consideration of the contextual situation of the clients, often referred to in systemic literature as the social graces. (Burnham 1992 and Roper-Hall 1998). This is considered more at the therapeutic relationship level below.

e) Two specific areas of knowledge at the level of therapeutic culture in relation to opening space with action and action methods in therapy

Two further areas of theory beg to be considered at the level of therapeutic culture in that they are important for the systemic understanding of the overall approach to action and action methods. Both are areas which are at the same time well established and relatively new in that they are still being developed. Both have been somewhat neglected in systemic practice. However these have an important bearing on the overall approach to practice in relation to action.

They are: psycho-biological information processing, and theories of embodiment. Within embodiment the issue of physical touch must be considered.

<u>Psycho-biological Information processing</u>

The use of action in therapy connects strongly with the neurobiological research into information processing: the memory systems involved in making sense of the world. Neurobiological studies show that integration of experience into a coherent narrative involves three connected memory systems: cognitive, affective and somatic (Crittenden 2008, Crittenden et al 2014).

This has strong links with the role analyses used in my methodology, where the emphasis is equally on thinking, feeling and doing and the integrated (or not) meaning which emerges from the three ways of processing information in therapy. Where the 'action' takes place in conversation alone, important information for the system might not become apparent or be accessible to processing. Such information may emanate from bodily movement and positioning in itself and from the feelings the movement generates, be it fear, frustration, hope, etc. Action in the therapy room can promote change in understanding, allow different perspectives to emerge which can be processed and compared to old ones, and help with the growth of new narratives.

Conversation alone tends to draw on the cognitive aspects of memory processing. The use of action involves all the memory resources being actively engaged, giving more opportunity for integration.

This knowledge of the psychobiological way in which new information can lead to change is becoming more known in systemic practice, but is still in early stages. The development of attachment based systemic approaches such as Emotionally Focused Therapy (Greenberg and Johnson 1988) and more recently the Attachment Narrative Therapy approach of Dallos (2006) and Dallos and Vetere (2009) have this knowledge at the heart of the use of action within their model.

Teaching about information processing is not yet regularly integrated into systemic courses. This is addressed in the recommendation section which follows this chapter.

Embodiment

The Constructivist ideas of Maturana and Varela (1987) based in biology, as well as theories of embodiment and the newly emerging psychological field of embodied cognition and particularly the work of Esther Thelen and her associates (Smith 2006) have much to offer systemic therapists.

A developmental psychologist, Thelen elaborated dynamic systems theory, also called chaos theory, and identified how physical movement and cognition are inextricably connected.

> "Esther Thelen (1941–2004) was a maverick who argued against that traditional view for the idea that intelligence is both made in and realized through physical actions on the world. This once singular position is now known as the embodiment hypothesis and has become a major organizing theme in contemporary cognitive science, neuroscience, and development." (Smith 2006 p 87)

Studying infant development she identified several factors of human learning that are relevant to this discussion.

> "Emergence …the temporary but coherent coming into existence of new forms through ongoing processes intrinsic to the system." [2]
>
> "Thought in action… she envisioned cognition as embedded in, distributed across, and inseparable from the processes of perception and action."
>
> "Action is the Source of Developmental Change. Thelen asked: How can a learner who does not know what there is to learn manage to learn anyway?" (Smith 2006 ps87-88.)

Thelen argues that it is through action that developmental change occurs in complex systems and that the actions need to be repeated many times. She also stresses the importance of the affordances and constraints of the environment in determining the rate and success of change. Thelen's early work was focused on infant motor development and was later extended to adult learning.

> "To say that cognition is embodied means that it arises from bodily interactions with the world. From this point of view, cognition depends on the kinds of experiences that come from having a body with particular

[2] It is interesting that T1 emphasised the notion of 'emergence' in his interview (501-502). Although he did not define precisely what he meant it is clear to me in hindsight that this is precisely what he was describing.

> perceptual and motor capacities that are inseparably linked and that together form the matrix within which memory, emotion, language, and all other aspects of life are meshed. The contemporary notion of embodied cognition stands in contrast to the prevailing cognitivist stance which sees the mind as a device to manipulate symbols and is thus concerned with the formal rules and processes by which the symbols appropriately represent the world." (Thelen et al. 2001 Quoted in Cowart)

Coming from the tradition of phenomenological philosophy, the theory emphasises that the form of the organism has much to do with what they are able to think and understand. This has a strong resonance with the philosophical stance of Maturana and Varela (1987) which has had a profound impact on family therapy thinking and practice particularly in the work of Tom Andersen (1987) and Karl Tomm (Tomm et al 2014). The basic premise is that our ability to know and understand depends upon the structure of our biological system *and* how it is able to interface with the context in which it finds itself.

While there does not yet seem to be consensus among researchers of how the mechanisms work, there is agreement that:

- The form of the body determines what it is possible to know.
- That knowledge is derived from real time goal directed experiences.
- That new behaviour emerges from behaviour that is already known.

This view of knowledge acquisition and change is compared with the traditional view in the following table from Cowart.

Classicist/Cognitivist View	Embodied Cognition View
1. Computer metaphor of mind; rule-based, logic driven.	1. Coupling metaphor of mind; form of embodiment + environment + action constrain cognitive processes.
2. Isolationist analysis - cognition can be understood by focusing primarily on an organism's internal processes.	2. Relational analysis-interplay among mind, body, and environment must be studied to understand cognition.
3. Primacy of computation.	3. Primacy of goal-directed action unfolding in real time.
4. Cognition as passive retrieval.	4. Cognition as active construction based upon an organism's embodied, goal-directed actions
5. Symbolic, encoded representations	5. Sensorimotor representations

(©M.Cowart, http://www.iep.utm.edu/embodcog/. P5) **Table 7.1**

The family as a complex system could be considered within this framework. It highlights the need for therapists to utilise therapeutic action in the therapy session as a rehearsal for developing other ways of being together, which may be repeated in different forms over a number of session. As an overarching approach within the therapeutic culture it organises the therapist to 'think action.'

This constructivist way of thinking emphasises that the introduction of difference by the therapist should not represent 'too unusual a difference.' (Andersen 1987)

This is a valued principle in systemic practice. It underlines the idea that when introducing action the therapist needs to bear in mind the family's previous reported experiences and their experiences in the therapy. Therapeutically what is required is action which brings difference but not so different that the family is unable to relate it to previous experience.

Psycho-biological information processing and embodiment are also relevant in the levels below. However in thinking about embodiment, the subject of physical connection and touch must be considered.

f) Physical touch

Physical touch is a subject rarely broached in systemic therapy. As an interpersonal phenomenon physical touch can be used in many ways for both good and ill. Therapists using action methods need to be aware that many of our clients have had harmful experiences involving inappropriate and harmful touch which have resulted in trauma responses. I have written briefly on how systemic therapists might positively approach the subject of touch in families (Chimera 2004) in a way that aims to enhance positive connection.

In therapy sessions, where we are asking people to do things which may involve physical touch as in sculpting or enactments, permission needs to be sought and any particular difficulties respected. It need hardly be said that clients themselves need to be fully in charge of whether they are touched, where on the body constitutes safe touch for them and how the touch is applied. This would be especially true where clients are likely to have shown trauma responses, such as in T4's tier four service.

With that overarching proviso, touch in the session can often have a healing effect. A hand placed firmly in the middle of the back or on a shoulder can have a grounding and connecting impact which is hard to achieve in ordinary conversation. A simple 'is it ok if a hand is put on your shoulder?' or where children are involved an explanation about safe touch might be appropriate prior to asking permission. Should the therapist or family notice that the touch is raising

unwanted feelings, the situation needs to be reviewed and deconstructed as that *in itself* is information for the system.

7.4.3 Summary of this level.

At the level of therapeutic culture, here hypothesised as the overarching contextual level in which action methods can bring forth change, three issues emerged in my data which support the attitude of opening space through the use of physical action in therapy. They are therapeutic power, therapist's knowledge and therapeutic expertise.

Therapeutic culture forms the baseline which determines what is possible in therapy. Here it is defined as one of opening space. It is recursively related to and influenced by the levels which follow. The next level to be examined is that of the therapist's identity.

7.5 The therapist identity level of context: Spontaneity

Therapist Identity

Spontaneity – an attitude and quality of the therapist

I have chosen to emphasise identity rather than script here as 'script' implies that the therapist is given something to follow, and the notion of spontaneity strongly challenges the idea of script. Here identity is connoted as having developed as a result of experience, both personal and professional. Within that, the quality of spontaneity is being spotlighted as an essential quality for the therapist when introducing action.

Spontaneity is to psychodrama what curiosity is to systemic therapists: a fundamental organising principle. To lose one's spontaneity becomes a matter for supervision in the same way that losing one's curiosity does for systemic practice.

Spontaneity describes how we might conceive of ourselves in action: as spontaneous practitioners we are able to respond appropriately to new information introduced by the client and able to introduce novelty and difference into a situation.

The Oxford Dictionary definition of spontaneous is:

> "Performed or occurring as a result of sudden impulse or inclination and without premeditation or external stimulus."
>
> (www.oxforddictionaries.com)

This is the meaning of spontaneity intended by Watzlawick et al (1964) in connection with the 'be spontaneous' paradoxical injunction as a conflict in communication. (Watzlawick et al.1964) However, although this may be the more common understanding of spontaneity, it is not the meaning in which it is intended here.

There are voluminous pages devoted to spontaneity in the psychodrama literature. Moreno (1946/1977) devotes some 105 pages to a section on principles of spontaneity. It is a much valued quality by psychodramatists.

Relating it to human development Moreno defines spontaneity as

> "the response of an individual to a new situation – and the new response to an old situation. If the infant is to live the response must be positive and unfaltering. It must be ready on the spur of the moment. This response may be *more or less* adequate" [emphasis in the original] (Moreno 1946/1977 p 50)

Moreno was writing before attachment theory had been illuminated by Bowlby. However his description of spontaneity has much in common with a secure attachment style. In secure attachment the person can choose the most appropriate attachment strategy for the situation. Where insecure styles have developed, either ambivalent or avoidant, the person has a limited repertoire of responses to make. In CMM theory such people may be seen as being caught in the unwanted repetitive patterns (urps) identified by Pearce (1989, 2008).

John Byng-Hall (1995) writes of therapy as helping people to be 'free enough to improvise' and not governed by either replicative or corrective past scripts.

All of these concepts are here gathered under the heading of spontaneity. It is not a requirement that the therapist themselves has a secure attachment style. However they need to provide a secure base for their clients. That is, they need to be reliable, predictable, curious and accepting of whatever the client has to offer. In short, they need to be 'attuned' to the clients.

The 'readiness' for spontaneity of the therapist is what is of interest at the therapist identity level. It is not possible to continue with the same spontaneity of the infant throughout our lives as our experience shapes how we respond but it may explain some of the joy we experience when watching infants confidently explore and discover their environments. As adults we can never be exclusively 'in the moment' or completely detached from our history. We can however achieve a state of reflexive awareness such that we and others experience ourselves to be meaningfully present and responsive in the moment.

In this construction, the spontaneous therapist is aware of the past, its successes and failures in therapeutic endeavour (and life) but is not organised by them to the extent that they govern the present. Being 'in the moment' means we might be aware of past experiences which are relevant but we are not organised or preoccupied by them.

In a state of spontaneity, confidence is high and anxiety is at a manageable level where the felt anxiety is informative to the therapy rather than constraining. A certain tolerable amount of anxiety is essential for the therapist to stay alert as the absence of anxiety might lead to recklessness.

Zerka Moreno states

> "Creativity is a sleeping beauty that, to become effective, needs a catalyser. The arch catalyser of creativity is spontaneity, a form of energy that is unconservable. It emerges and is spent in a moment, it must emerge to be spent and must be spent to make place for new emergence." (Zerka Moreno in Horvatin and Schreiber 2006 p208)

This state of spontaneity is highly akin to the presentation of a person with a secure attachment style. (Crittenden et al 2011) There is a freshness and liveliness to the atmosphere which can be infectious and is connected to the development of playfulness in the relationship (see below). John Byng Hall also refers to this quality in families when he talks about being 'free enough to improvise.' (Byng-Hall 1995) As such spontaneity can be considered the antidote to unwanted repetitive patterns (Pearce 1989), as it is the vehicle by which difference and experimentation with difference is introduced.

Spontaneity as a concept is hardly mentioned in the systemic literature as a quality of the therapist. However Minuchin and Fishman devote the first chapter of Family Therapy Techniques (Minuchin and Fishman 1981 pp1-10) to the subject. By doing this they set the tone of their book on technique by saying that once assimilated, technique should be demoted in importance as an entity in its own right and absorbed into the use of self of the therapist.

> "The therapist should be a healer: a human being concerned with engaging other human beings, therapeutically, around areas and issues that cause them pain, while always retaining great respect for their values, areas of strength and aesthetic preferences. The goal, in other words, is to transcend technique." (Minuchin and Fishman, 1981 p1)

They define therapeutic spontaneity as the ability "respond to circumstances according to the system's rules, while maintaining the widest possible use of self." (Minuchin and Fishman 1981 p2) Linking it strongly with the development of use of self of the therapist as a tool for change, Minuchin and Fishman also emphasise the importance of spontaneity in the training of therapists, and state that a spontaneous therapist has been "trained to use different aspects of self in response to different social contexts." (ibid) They warn against the rigid application of technique, no matter how special or interesting and stress the systemic, mutually influencing processes in systemic work.

The ability to be spontaneous goes with playfulness and creativity and is highly valued by systemic practitioners.

7.5.1 Spontaneity as a quality of the therapist

Since the early days of family therapy the problem families repeatedly applying same solution has been observed by family therapists who are curious about family interaction. (Watzlawick et al 1967) Another way of defining unwanted repetitive patterns (urps) could be this 'one size fits all' approach to problem solving which develops in families who come or are sent for therapeutic help and which in itself has become a problem. (Watzlawick et al 1974) In this situation we tend to fall back on the same solution, when anxiety is high and creative problem solving constrained, even though we know it won't work. We need to be calmer to be effective problem solvers. Often the therapist who is able to help explore other possible solutions in action can offer assistance and help us to approach the difficulty with fresh eyes.

A therapist's ability to access their own spontaneity is essential to help the family activate their creativity and the ability to explore different methods of approaching difficulties. A connection with spontaneity helps the therapist prepare for whatever the family might bring.

> "A certain degree of unpredictability always exists in life. If one could know the future, there would be no need for spontaneity – a fixed pattern of behaviour might be worked out to meet all oncoming problems. But since the future cannot be known, one must be ready for anything." (Williams 1989, p12)

Here I am arguing that spontaneity can be accessed and developed in training and indeed there is a considerable psychodrama literature on the subject. (Moreno, Moreno, Weiner, Williams e.g.) In family therapy training this is often done in action through role play, in personal and professional development sessions and through reviewing video tapes of ourselves in action.

All of my participants referred to spontaneity in some way, though none of them named it specifically. For T1 it was 'novelty' or 'serendipity' (548), for T2 it was about introducing difference in a way that the client might see something different

(382), T3 was looking for the emergence of something new to help him understand the situation (325), for T4 it was introducing the unexpected (490).

T5 expressed his spontaneity in the moment aptly when he said

> "And I thought, OK, I'm trying to remember way back, when you give tasks, do you get cross about it, do you think, who cares, it was a rubbish task anyway, or do you go down the sort of you'll never know whether it would have worked or not. And I'm thinking, do you know, I'm not comfortable with any of those, *I really felt I wanted them to experience doing it* (emphasis added)." (529-533)

In systemic therapy we might begin to think of spontaneity as an essential therapeutic quality to address unwanted repetitive patterns, both for the clients and for ourselves should they arise in practice. Suggestions for developing spontaneity are offered in the section which follows.

7.5.2 Some confusions regarding spontaneity

Because of the lack of clarity about the meaning of spontaneity, some confusion can arise in thinking about its application to therapy.

a) Impulsivity

Spontaneity is sometimes confused with impulsivity. Indeed 'impulsivity' is included in some dictionary definitions. Impulsivity can mean acting without thinking through the consequences of the action, perhaps for immediate gain as when children or adults behave in a way that lacks thoughtfulness. Impulsivity emanates primarily from lower brain functioning. It has more to do with fight, flight or freeze responses often engaged when the person is under threat or feeling anxiety. An impulse is a quick reaction aimed at survival. That is not the meaning here. Indeed impulsive reactions may indicate a strange loop is being activated as such reactions are more likely to rely on past unsatisfactory experiences.

I would argue that spontaneity is more aligned with higher brain functions and the pre-frontal cortex which is active in moral decision making and what to do next. (Damasio 2000, McGilchrist 2009). Spontaneity implies integration of thinking and feeling with appropriate action. Therapeutic spontaneity is present in those practitioners who are reflective and have gained a measure of self-knowledge such that their own unwanted repetitive patterns (urps) are not activated and they can work fully in the service of the clients, or where they do become activated can use this reflexively in the therapy. Where therapists become aware that they are either becoming emotionally aroused in an unhelpful way or are avoiding the exploration of relevant issues which may be difficult, they might use spontaneity to reflect on what is happening in the session as did T5 or afterwards in the team's debrief as did T3.

b) Charisma

Spontaneity can also be confused with charisma. Indeed many charismatic family therapists, such as Minuchin and Satir, have been admired for their spontaneity in sessions. However spontaneity does not require a charismatic delivery. Spontaneity does not even require action, one can be spontaneous when one is quiet and thinking. "Moreno (1953) pointed out that spontaneity does not emerge full blown in any situation; it requires a gradual process of physical, emotional, imaginative and intellectual warm-up." (Williams 1995 p220)

Zerka Moreno states:

> "Spontaneity operates in the present. It propels a person toward an adequate response to a new situation or a new response to an old situation. Thus while creativity is related to the act itself, spontaneity is related to the warming up, to the readiness for the act." (Zerka Moreno in Horvatin and Schreiber 2006 p208)

c) Creativity, Mistakes and Spontaneity

Maturana (Maturana and Poerkeson 2004) has pointed out that a mistake by definition is something you don't know about until after it is committed. No

therapist sets out intentionally to make a mistake or get it wrong for a family. Where one does get it wrong, spontaneity allows for correction and reflection on the process to put it right again, without an excess of shame or derailment of the therapy. If an action method had been inappropriately introduced or had gone wrong in the enactment, a spontaneous therapist, where there is a clear goal in mind, and the therapy is actively working towards that goal would be able to say something like 'whoops, I got it wrong – how can we make this right again?'

Blatner and Blatner (1988) remark "there is endless room to make 'mistakes.' In an enactment one plunges ahead as an act of faith; the nature of the courage displayed is the act of continued movement." (quoted in Williams 1989 p12).

Similarly creativity is something that is understood in evaluation after the event. Unlike making a mistake, one might deliberately set out to be creative, but a lack of creativity is apparent only after the event.

Arthur Koestler in The Act of Creation (Koestler 1964) relates this story about Picasso.

> "An art dealer (this story is authentic) bought a canvas signed 'Picasso' and travelled all the way to Cannes to discover whether it was genuine. Picasso was working in his studio. He cast a single glance at the canvas and said: 'it's a fake.'
>
> "A few months later the dealer bought another canvas signed Picasso. Again he travelled to Cannes and again Picasso, after a single glance, grunted: 'It's a fake.
>
> "'*But cher maitre*' expostulated the dealer, 'it so happens that I saw you with my own eyes working on this very picture several years ago.'
>
> "Picasso shrugged 'I often paint fakes.' "(Koestler 1964 p82)

7.5.3 Constraints to spontaneity

Zerka Moreno writes about the relationship between spontaneity and anxiety. (Horvatin and Schreiber 2006 p158) Spontaneity and anxiety exist in inverse

proportions: when anxiety is high, spontaneity is low and vice versa. Our challenge as trainers and educators is to help therapists in training maintain a sufficient level of concern for their practice, the appropriate anxiety mentioned above, and still allow their spontaneity to develop.

Things which adversely affect spontaneity seem to be: anxiety, fear of punishment, shame and competition over who is most spontaneous. These are well known constraints and it is interesting that these very issues also relate to what is held to impede healing and recovery in therapy.

To this I would add that for the therapist, inconsistency between the hierarchical levels sets up a conflict which also adversely affects spontaneity. Resolving the conflicts between levels is a process which would helpfully be undertaken in training. It is also a crucial area for discussion in supervision.

7.5.4 Spontaneity training?

In systemic practice there has long been an awareness that dealing with the serious, often life threatening, problems and difficulties brought by the families with whom we work can have a depressing (in its literal sense) effect on the therapists and the therapy. Milton Erikson, an early influence on systemic practice, was known for putting together disparate ideas in order to stimulate change (Haley1985). William Fry, a psychiatrist working with the original Bateson research team in Palo Alto, wrote about the healing influence of humour (Fry1963/2010). Cade (1982), influenced by these ideas, has written about the use of humour and 'the absurd' in teams in order to free up the team, the therapist and ultimately the family from the seriousness which can hold back change. He describes the way the team would allow themselves to challenge their own ideas and those of the family in a way that might provoke difference in a humorous way. The development of the reflecting team (Andersen 1987) was in part developed in order to free the therapist from becoming stuck in the family's dilemma and introducing creativity and difference.

Watzlawick, illuminating the concept of paradox, also wrote from a position of challenging our views of reality and what it is possible to think and do in a humorous and thought provoking way (Watzlawick1976, 1990, 1988). This also has resonance for the systemic notion of 'irreverence' (Cecchin, Lane and Ray 1992).

Whilst humour and the use of the absurd is not exactly the same as spontaneity, the relationship can be made between the systemic way of stimulating creativity and the psychodramatic.

'Spontaneity training' seems to be a contradiction in terms. However it is a concept and practice that was developed by the Moreno's. "There seems to be a paradox in the notion of training spontaneity. If it is trained can it still be called spontaneity?" (Zerka Moreno in Horvatin and Schreiber p224) Zerka suggests that "cutting off the old routes" enables actors to find ways of developing new roles. Psychodrama practitioners from Moreno onward have developed the practice of spontaneity training and there are many structured exercises, often borrowed from theatre training (Boal 1992, Weiner 1994) in order to help therapists develop their spontaneity.

Introducing spontaneity into a session may be a way of helping families develop new roles. Looked at from this perspective it is a way of explaining what was happening for T5.

> "…and I was just, 'can you just try and do it, you know, you just imagine it you've just hit R (name of town), you've turned left, you're on the slip road, down to the motorway' and she (teenage daughter) said 'this is stupid, this is really stupid' and Mum said, because they hadn't had time to do the task, 'That's not what you said, you said it was a stupid task and because this time of year it doesn't get dark until half past nine, we're not going to be going out at half past nine at night so you refused to do the task. I would have done it.' I said 'well doesn't matter, you're here now, do it now'. And this mum, you know the girl, the young girl was protesting that 'I just feel stupid', but Mum was trying really hard and I

said you mustn't look at each other, you're just going to stare ahead." (553-563)

Arguably T5 could be considered to be engaged in spontaneity training with the mother and daughter, in cutting off the old routes of impasse. Here the intention in cutting off the old routes was to enable them to develop new ones.

All of my participants seemed to be indeed attempting to cut off the old routes and encouraging the development of new roles, new ways of interacting:

- For T1 it was the reframing of competition, to being a form of cooperation where they all win.
- For T2 it was to help her client become more assertive in claiming her identities.
- For T3 it was encouraging the closeness of physical proximity as a metaphor for emotional closeness.
- For T4 it was attempting to help them develop for themselves a different way to communicate about caring for each other.
- For T5 it was attempting to give them a different less confrontational experience of being together.

All of the therapists were, by interrupting the unwanted repetitive patterns, provoking the clients' spontaneity and encouraging the development of new roles in the families and individuals with whom they were working.

The development of spontaneity in the therapist as an orientation to action may also be a specific way of understanding systemic reflexivity. In order to develop spontaneity of this kind it is crucial that the therapist has the opportunity to explore aspects of themselves that are brought into focus by the therapy in a safe and exploratory way. This has implications for training and supervision which are discussed below.

By its very nature spontaneity cannot be copied or repeated. There are occasions when we try to do what we have seen done, nevertheless the way we do it is different. Each situation is unique, bringing its own set of unique and specific conundrums and advantages. We have to develop our own way of being.

7.5.5 Summary of this section

Here I have tried to examine one specific quality of the therapist's identity and use of self in relation to action: that of spontaneity. I am not arguing that spontaneity is not present in conversation, but that it is also an essential quality for moving into action.

Spontaneity is not the application of techniques and strategies which are learned, but an attitude of mind which can be developed in relation to practice.

I would also propose a definition of spontaneity for CMM theory. I think that spontaneity can be said to exist when there is a high degree of coordination between the levels of context as explained in the methodology section of this thesis. Where this coordination exists, the person is free to be 'in the moment.' Where there is conflict between the levels and strange loops come into being, spontaneity is adversely affected. The way out of the impasse is to stop the action and reflect on the process.

Spontaneity at its best is infectious. And if the freshness and vitality of the therapist, finds a fit in the therapeutic relationship with the family, a spirit of playfulness may encourage the introduction of action. This 'aliveness' came through at various times with all of my participants, though less with T3 as he was preoccupied with what still felt uncomfortable.

7.6 The relationship level of context for action: Playfulness

Therapeutic relationship

Playfulness – a quality of the therapeutic relationship.

A crucially important aspect of the context for the application of therapeutic expertise is the strength of the therapeutic relationship. Here the level of therapeutic culture reflexively interacts with the context of therapeutic relationship.

In addition to trust and reliability I am here arguing that playfulness is a crucial quality of the therapeutic relationship in order for the successful application of action methods. This does not promote *play* in itself. It is proposed that the

quality of *playfulness* should be established for action to be effective in helping the family to find a different way of doing things and freeing themselves from the unwanted repetitive patterns which have brought them into therapy.

Playfulness as discussed here is embedded in a number of other psychological concepts and understandings. Among these are attachment theory, communication theory with paradox playing a particularly important role, and neurobiological information processing. But first it is important to define what is meant by playfulness in systemic practice.

7.6.1 Defining playfulness

Like spontaneity, playfulness has come to mean something different in therapeutic practiced than in the vernacular. The online Merriam-Webster dictionary defines playfulness as "happy and full of energy; eager to play. Showing that you are having fun and not being serious." (http://i.word.com/idictionary/playful). In systemic practice, playfulness is, paradoxically, serious indeed.

It is important to distinguish therapeutic *playfulness* as a quality of the relationship from therapeutic *play* which would include the application of specific structures such as sand tray, or specific techniques such as puppet play or sculpting. There is a vast literature on play which is not addressed here. Increasingly there is a focus on play as important both for children and adults across the life span (Terr 1999, Holzman 2009, Holmes 1993)

Inspired by Winnicott (1965/1990), Holmes, in his classic psychodrama text devotes an entire chapter to the importance of play emphasising the interactional nature of play and sharing the intra-psychic space with another in a way which allows the therapist and other members of the group to enter the play space creatively and 'join with' the internal world in a meaningful way (Holmes 1993, pp151-163).

Playfulness in systemic practice is wider than technique. One can be playful when saying hello. It is communicated to the family by the attitude and style of the therapist.

Playfulness is referenced in systemic writing in a way that spontaneity is not. Wilson (2007) has written about playfulness and seriousness as one of his six scales for reflection on practice. He sees seriousness and playfulness as two sides of the same coin. Debunking playfulness as an end in itself he states:

"Our job is to attend sensitively, to relieve the pain and suffering in our client's lives; it is categorically not to entertain them through some so-called playful means. It is about the aesthetic of playing with ideas and actions in order to try to co-create novel experiences in therapy." (Wilson 2007, p 151)

He warns that playfulness can be used to avoid serious issues. Attention must be paid to the effect of playfulness in the interaction between the therapist and family/clients. Playfulness should always be in the service of the client and the therapeutic goal.

T1 expressed this quality of the relationship:

> "(in asking the client about difference) Ok so … where do you notice the difference in your body? And the person might say 'well I begin to smile' or 'I begin to feel more optimistic.' OK. 'Who notices when you feel that way, optimistic?' and if sometimes if I notice I say, 'I think I see a smile there…(teasingly) do I see it?' So humour and playfulness become … a part of this. And that changes the tenor, the tone of therapy. And sometimes people will say, 'oh, my god, is it already time to, to leave?' and I said 'mmm we can continue next week. Next week we can continue.'" (563-577)

Lobovits and Freeman (1997) writing about their narrative practice with children state:

> "…play reflects both the mirth and pathos of the human experience. When children and adults meet together, playful communication provides a common language to express the breadth and depth of thoughts, emotions and accounts of experience. In this way we are all bilingual…

> Playful communication … is not wholly dependent on the child's development; lends itself to the elliptical, magical or fantastic; and has the capacity of being infectiously light-hearted and inclusive in conversations with families." P.174

Fundamentally, playfulness can be thought of as the therapist having expertise in the method, the family or client having expertise in what works for them, and these combine to experiment with how to be together in a way that is respectful and irreverent, fun

and serious at the same time. This paradoxical nature of playfulness is explored below. When working well, leading and responding flow in a way in which it is sometimes impossible to tell who is leading and who is responding, there is a merging of energy. "An ethic of participation" (Hoffman 1993).

7.6.2 Attachment, therapeutic safety and playfulness

If spontaneity is being defined (above) as a quality of the approach of the therapist, playfulness can then be expressed as a quality of the therapeutic relationship. It is particularly important for the introduction of exploratory action.

Having studied attachment theory for a number of years, I am struck by the parallels which have arisen in this project. All of the five therapists discussed work in the middle phases when they were confident that a meaningful therapeutic relationship had been established. Relational risk taking (Burnham 2005) such as the introduction of action may therefore be more possible as the therapist and family have developed a cooperative familiarity with each other in which they may be able to challenge the family to undertake an enactment.

As mentioned above John Byng-Hall has written about establishing the therapy itself and the person of the therapist as a safe base. This is crucial if clients are to be able to take the risks necessary to explore new ways of being in action.

The playful introduction of action early in the therapy may also be recursively related to establishing safety in the relationship. Introducing action in a safe, contained and structured way is helpful in establishing the therapeutic relationship

as well as also emerging from the safety of the relationship. A recursive relationship between the therapeutic relationship and the introduction of action is established as shown below.

7.6.3 The development of therapeutic playfulness

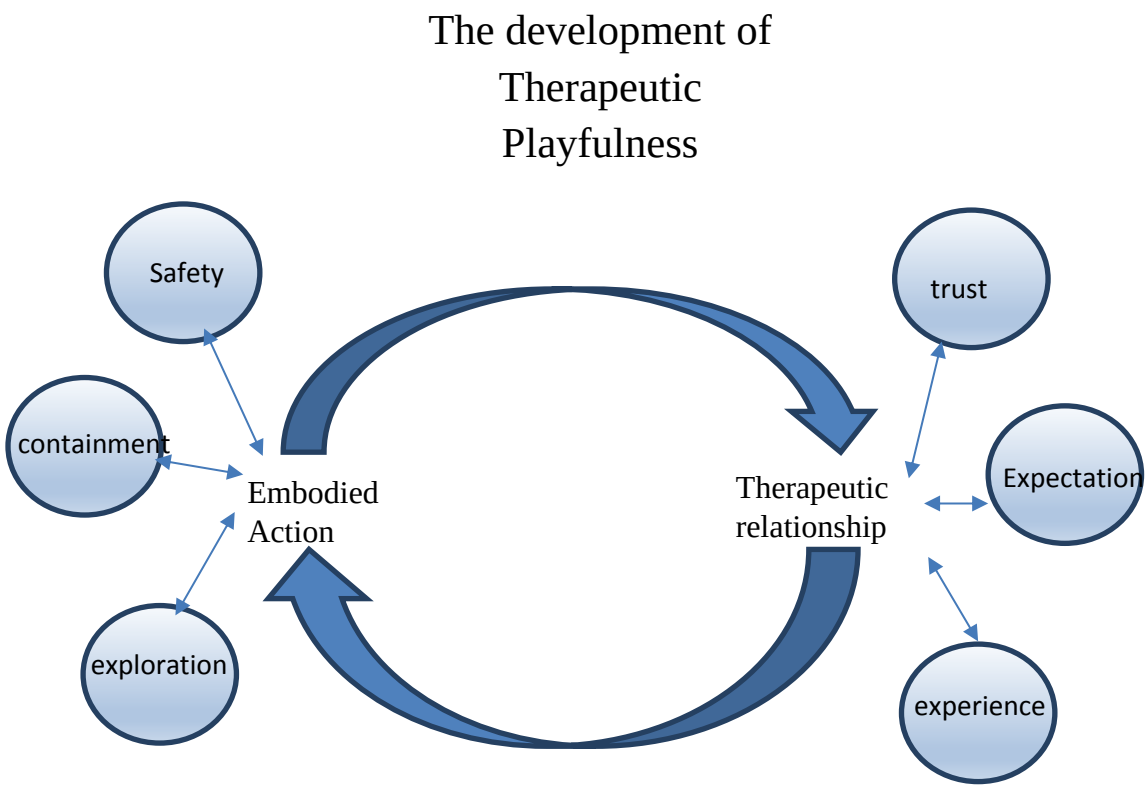


Figure 7.2 – Therapeutic Playfulness

Figure 7.2 shows the recursive relationship of the use of action with the therapeutic relationship in the development of therapeutic playfulness. The action has a structure, the relationship has a meaning which transcends the structure.

The action and the relationship are recursively related and each supports the development of the other. The relationship needs to be one in which trust is built, where the expectations of consistency and reliability are met, and where the experience of the therapist inspires confidence. The action itself should be safe enough for the needs of the particular family; it should provide containment in that the clients should have the confidence to know that they will not be hurt by it.

That confidence will then promote exploration of different perspectives, behaviours and ideas about themselves, their relationships and their situations.

It is not argued here that action is appropriate in every therapy or for every family. The factors shown above should be present and the therapist relatively confident that the action will be in the service of the therapy before it is undertaken.

a) Action structure

Safety For action to be therapeutically useful it must be felt as a safe undertaking. The family members must be confident that, following Vygotsky (Holzman 2009), the therapist is not going to push the family beyond their zone of proximal development, the next step in their growth and journey of change. This relates directly to trust in the therapist.

Containment One cannot predict the outcome of action methods. The enactment must be able to hold whatever emerges including any contradictions and conundrums which become apparent. The container has to be big enough to hold everything safely without physical danger: psychologically it needs to hold all the feelings and beliefs which emerge.

Exploration Where safety is established, much as in a secure attachment, the family will be free enough to explore some of the many possibilities which might arise. Within the action exploration relational risks can be undertaken.

b) Therapeutic relationship

This is not confined to action methods but would be the basis for a good therapeutic relationship whether or not action is involved. It is based on sound and well-grounded systemic principles.

Trust can begin to be established from the beginning of the relationship through the predictably, openness and reliability of the therapist and the agency. The growth of trust continues in a recursive way as clients and therapists attune to each other, use feedback from ongoing experiences and transparently examine the way the relationship is developing.

Experience A collaborative, open and co-constructed approach to the work. Enough respect for the therapeutic process so that the clients can accept the therapist's direction and establishment of the rules. Where families are heavily problem laden tacit agreement about shaming or bullying may need to be addressed in setting the ground rules for therapy.

Expectation A spirit of adventure that compliments and works alongside and with the action that is introduced.

In establishing therapeutic playfulness the therapist must become a reliably consistent secure base. In that way the family can begin to establish a balanced or secure attachment style in relation to the therapy. The key to understanding a balanced attachment style is the issue of safety. The therapist needs to be reliable and consistent. In attachment terms that means providing enough stimulation to not overwhelm the family and to be sufficiently attuned to go at their pace and to respond to their responses.

7.6.4 Paradox in playfulness

Bateson (1952) in his discussion of humour in communication talks about there being a build-up of communication which leads to a humorous outcome. During this build up the playfulness of the relationship may be established. Later in 'A theory of play and fantasy' Bateson (1954/1972) expands this further to explore the paradoxical nature of play. Building on the communication theory of Russell and Whitehead, Bateson stressed two types of communication: the overt content of the message and the 'meta-communication' which is non-verbal and carries important information about the meaning of the communication. Bateson also stressed the significance of the receiver of the message in determining the meaning. The two way exchange is necessary in understanding the establishment of playfulness in the relationship. This two-way process is emphasised in CMM – how meaning is coordinated between the communicators. If one part of the communication system is interpreting the messages as threatening or critical, as is possible in a strange loop, playfulness is cancelled.

Bateson describes paradox as the meta-communication carrying the message, which is understood by the receiver of the message, that the message is not what it represents. With regard to play, the overt message denotes a seriousness, while the meta-message states 'this is play'. He describes watching two monkeys play fighting in the zoo and communicating 'this is play' rather than 'this is a fight', i.e. it is not the real thing. The paradox is contained in the self-referent aspect: the message refers back to itself and changes the meaning. The meta-communication defines the overtly 'serious' message as 'not serious.'

In a playful therapeutic relationship the boundaries of experience can be pushed in a different way and room can be made for new behaviours, feelings and beliefs to emerge. A playful relationship makes room for the spontaneity of the therapist and the spontaneity of the clients. The communication 'this is play' gives room for exploration, it opens space. This is reflexively connected to the therapeutic culture of opening space, reinforcing it if the communication is coherent and coordinated. If one makes a mistake it can be easily corrected, because, after all, this is play and we can change the way we play much more easily than the way we can change the serious business of 'real' life.

In The Dialogical Therapist, Paulo Bertrando examines the paradoxical nature of the therapeutic relationship itself. He describes it as "a series of interactions framed by the message "This is psychotherapy." (Bertrando 2007 p124.) The therapeutic relationship is like no other. It is neither a real life relationship, e.g. a friendship or a biological relationship, nor is it a false relationship, it is meaningful and if successful has an impact over time for both the family and the therapist, even when the formal part has ended. T5 referred to this in his discussion of the privilege of being able to be a therapist. Bertrando comments

> "…the concept of 'frame' in Bateson – which integrates and partly substitutes the concept of context – has a twofold, paradoxical value. On the one hand, the frame "qualifies all messages included in it" (Bateson 1952) On the other, the frame is not only a meta message, but also a message of the same order as the messages it qualifies, and in this it is

> paradoxical: the frame qualifies the picture as a picture but is, at the same time, a part of the picture." (Bertrando 2007 p125)

In spite of or perhaps because of this paradoxical quality of relationship the experience in playful therapeutic exchange can have a profound impact on lives and relationships.

Something else happens in a successfully playful therapeutic environment that encompasses the apparent contradiction of the paradox and is very meaningful. It is the 'as if' quality that is referred to in both psychodrama and family therapy. Lenore Terr (1999) writing from a psychodynamic perspective on the importance of play for adults states that play carries a tension of its own. She refers to the suspenseful quality of play. This quality was certainly present in T5's account of the imaginary car journey undertaken by his clients in the room, for instance. This was not particularly fun for any of the participants, the discomfort was commented upon. However it was significant and took place in the 'surplus reality' (Moreno, Blomkvist and Rutzel, 2000) created in the therapy room.

Playfulness in its intent here is not being light-hearted, but using the paradoxical nature of it to enable the experimentation with new ways of being. It encompasses the seriousness which may be necessary to explore in action the emotional qualities of relationships which may have been lost or missing from clients' lives. There are many moments in action when the therapist invites the child to look into their parent's eyes and see the love reflected there, or search to see if there is anger, as they may fear. It invites the parent to comfort the distressed child, or asks the couple to connect in a physical way and tell each other what they need from their partner. These moments can be full of suspense and highly emotionally meaningful, as Terr (ibid) has noted. For T4 interrupting the symmetrically escalating battle between the mother and daughter and enabling them to reflect on how this was masking a felt need for the other to care about them is an example of the playful seriousness with which action approaches can be applied. The mother and daughter were then able to experiment with a different style of communication in role play.

Williams writes:

> "Both strategic and traditional psychodrama aim to create a world of play in which illusion and reality are one, and in which people come to recognize their connectedness with others, their 'dialogical existentialism.' (Williams 1989 p227)

If we accept the definition of spontaneity as a new response to an old situation or an adequate response to a novel situation, playfulness is a key ingredient in exploring an array of possible responses. This meta-communication was described by T1, T4 and T5 and was what T2 explained as 'the bounce'.

> "I could tell when… by the time we were working towards the end she was coming down [the stairs] with a bounce. So I knew that things had changed." (496-498)

T3's dilemma can be explained by the failure to establish playfulness for everyone. His introduction of the action seemed to be experienced as criticism by the mother, hence her more defensive response of 'we do all this at home,' contrasted to the non-verbal but very meaningful 'bounce' for T2.

Playfulness sometimes finds a humorous side to difficult issues which can be recognised by family members so long as it conveys the possibilities for joining together in doing something new to overcome the painfulness that is also contained in the same issue. The message is a connecting one: that mistakes, creativity, joy and pain in relationships are all part of the human experience and link us all together in profound ways.

7.6.5 The neurobiology of playfulness

Fosha, Siegel and Solomon (2009) have noted that "the capacity for play and positive affect is typically diminished or absent from patients who have come to associate positive affect with vulnerability to ridicule, disapproval, disdain or even danger." (p220).

Attachment theory also emphasises that the capacity of the child to play and explore freely is dependent upon feeling safe and being free of danger. (Bowlby 1969, 1979). As stated earlier in working to establish a playful relationship the therapist is also creating the conditions for the family to be 'free enough to improvise.' (Byng-Hall 1995) This is a crucial condition for therapeutic change.

It is interesting that the neurobiological research to date shows that play is not a function of the neo-cortex, the 'top' of brain functioning. It is a function of the mid-brain, also called the mammalian brain. Hence it is possible for humans to play with other mammals. Anyone who has owned a dog will know that dogs as a species are particularly expert at play as a cross species activity. Play has been studied in many mammalian species: Bateson wrote in particular about monkeys and dolphins. (Bateson 1972)

However Fosha, Siegel and Solomon (2009) comment that although play is not a higher brain function…

> "It is becoming clear that play has most remarkable effects on the cortex, programming it to become fully social, as long as the play energies are well used… It is a blessing that the urge for social play – for joyous physical engagement with others – was also not left to chance by evolution, but built into the instinctual action apparatus of the mammalian brain… Playfulness is probably an experience-expectant process that brings young animals to the perimeter of their social knowledge, to psychic places where they must learn about what they can or cannot do with each other." (p16)

Neurobiological research seems to show that the capacity for playfulness is 'hard-wired' into us, although it may be diminished through adverse circumstances. Therefore playfulness may be already existent as a latent quality of the therapeutic relationship which the therapeutic culture and the skill of the therapist can help to bring forth into the service of the therapy.

Fosha, Siegel and Solomon (2009) further comment that, with regard to adults, play seems to be an 'underutilised "force"' (p22). Playfulness may be the vehicle

through which satisfying lives may be re-established. Family therapy may be one significant way in which family groups can regain their sense of playfulness and regain the joy of living satisfying and rewarding lives. This is my hypothesis. However, to date, however, I am unaware of any neurobiological research which has focused on the use of action in family therapy.

7.6.6 Summary of this section

Here I focus on the successful use of action and action methods as dependent on the quality of the therapeutic relationship and in particular on the participants, both therapist and client, being able to develop the playful aspects of the relationship.

Playfulness is defined as both a serious and non-serious quality. The paradoxical nature of playfulness in therapeutic practice has been noted.

The recursive nature of the playful relationship has been described and the essential qualities identified.

Links to attachment theory and neurobiological research and current thinking have also been highlighted.

7.7. Summary of the chapter

I hope I have shown how by using the CMM hierarchical structure the qualities which affect the use of action in an episode can be considered at the three levels of culture, identity and relationship. A basic tenet of CMM is that the layers are recursively related and each level can become the context for any other. Hence playfulness at the relationship level in any one episode may have a strong impact on the spontaneity of the therapist and indeed of the clients. The spontaneity of the client and therapist may also impact on the culture of the organisation particularly in the area of how power is felt and explored.

The chapter identifies theoretical issues for consideration when using action methods. These ideas are carried forward to the final chapter for consideration of how they might be useful in training and supervision.

Chapter Eight

Suggestions for Future Development

8 Introduction to this chapter

In the preceding chapters I have shown how a small number of experienced family therapists employ action and action methods in a way which is consistent and coherent within their framework of practice. Where there are conflicts and inconsistencies it is hypothesised that these are the result of incoherence between the levels of therapeutic culture, therapist identity and therapeutic relationship.

In this chapter I am proposing a specific framework for teaching and training the use of action in systemic practice which have arisen as a result of this research. I also show how action and action methods might be addressed in supervision. A structure is proposed which is comprehensive but not rigid and encompasses the three major areas of systemic practice: skills, theory and reflexivity.

The following framework addresses how training for systemic practitioners in action and action methods can be introduced into the foundation and intermediate levels of systemic practice teaching. I am in the process of introducing this framework at the Institute of Family Therapy

8.1 Overview of traditional teaching of action methods in systemic practice.

Since the inception of family therapy training in the 1970's the training institutes have followed a particular format which has involved an exploration of the specific models of family therapy more or less in the order in which they developed. In most of the training organisations of which I am aware the usual format is to trace the development of family therapy through Strategic, Structural, Milan and Post Milan, Brief Solution Focused Therapy and Narrative Therapy models and approaches. More lately there has been the development of Attachment Narrative Therapy as a distinct approach. (Dallos 2006 and Vetere and Dallos 2009). Although there is significant overlap between the models, each has its own rationale and theory of change. Additionally, each has its own action

techniques developed to support the theory of change promoted. (Dallos and Draper 2000, Carr 2001)

For some time it has been recognised by educators and practitioners alike that custom and practice in the United Kingdom is such that very few, if any, systemic family therapists follow a pure model, but use an eclectic approach drawing from the extant models as they seem appropriate for the family, couple, or individual with whom they are working. An overall framework of systemic competencies has been devised which encompasses the theories of change, techniques and orientations of the historic models (UCL Core Systemic Competences). These fit with the overall course requirements for training which are set by the Association for Family in the 'Blue Book' (AFT 2010)

Following this development, there has been a move recently in the field to introduce a more eclectic style of teaching, so that systemic concepts across the models of family therapy might be taught in a more connected way.

8.2 Proposed approach to teaching action methods in systemic practice

This project has made me acutely aware that there are overarching systemic principles as well as specific theoretical ideas which encompass a uniquely systemic approach to using action and action methods. This proposal suggests a way forward for teaching and supervising the use of action and action methods in systemic practice which is not tied to a specific school of family therapy.

Typically, systemic training courses cover three inter-related areas: theory, skills and self-reflexivity. Taking each in turn:

8.2.1 Theory

It is expected that an overarching framework of models of change will continue to be taught, within which the specific rationale for the use of action methods within the models will be highlighted. Models of change typically examine the three areas of experience: cognitive, affective and behavioural. In proposing a model for how change occurs they each have a slightly different emphasis. For instance, the structural model emphasises change in the family organisation, the Milan

models emphasise belief systems, the narrative models emphasise the stories that are built up around problems.

Action methods these frameworks use could be seen as embedded in an overarching theoretical approach to understanding how action methods work. This would include information integrated from the fields of memory research, neurobiological research and developmental psychology.

Neurobiological information processing, in particular the way the somatic, cognitive and affective systems work together, or not, and the implications for family therapy which derive from this would be examined. Practical skills on how to help clients to integrate their experiences into a coherent narrative, which includes thinking, feeling and doing would be included.

Within this, further specific learning on the neurobiology of playfulness and its potential positive impact on the functioning of the cerebral cortex which can be developed and augmented during therapy might be introduced. How brain development supports interpersonal family relationships might helpfully be understood by systemic practitioners in a more formal sense than has previously been taught.

Constructivist perspectives and in particular specific information on embodied cognition from developmental psychology, might be introduced.

Related to the above is attachment theory, in particular in understanding the dynamics of safety and attunement both within the family and within the therapeutic relationship.

8.2.2. Skills

The skills required for a qualified systemic family therapist are set out in the national occupational standards. (UCL Core Systemic Competences) These form a list against which students can measure themselves and which form guidance for trainers. Specific systemic techniques list a number of action techniques, specifically enactment, alongside a number of language based interviewing skills. Experiential skills are addressed more generally as follows:

> "An ability to use a range of experiential systemic techniques to enable families to experience, express and communicate content which it may be difficult to verbalise (e.g. role play, interviewing the "internalised other", sculpting, repositioning family members in the session, implementing developmentally appropriate techniques (e.g. drawings, puppets etc))" (UCL Core Systemic Competences, Specific Systemic Skills, p.3)

It is proposed here that within the skills which are currently taught which include skills of questioning and conversation, the sub-set of action methods skills identified above would benefit from teaching in a different way. These might be taught in sets across the two years of the introductory and intermediate courses. Teaching methods should include experiential sessions in which the students are required to participate in the techniques in a meaningful way with each other, rather than observing live or video demonstrations. Students should have the opportunity to experience the methods before using them with clients. It was notable in my research that two of my participants commented that they had not directly experienced the method they were using prior to my interview with them.

In the qualifying years students might formally be asked to demonstrate competency in a selection of the specific methods.

8.2.3 Reflexivity

Students training in family therapy are not required to undergo formal therapy in the modality in the same way as students training in models which work with stranger groups or individuals. They are required to immerse themselves in self-reflexivity in relation to the development of the therapeutic relationship. This involves developing self-knowledge and understanding in relation to how their own background, experiences and cultural identity impact upon their ability to help other people. There is substantial systemic literature on the therapeutic relationship in systemic practice, all of which explores different aspects of self-reflexivity.

Further and related to this, students at all levels are required to develop relational reflexivity (Burnham 2005) in which they gain understanding of the mutual

influence of the client/therapist system as it is unfolding. This requires both reflection *in* action and reflection *on* action (Schon 1987).

As part of this development students are required to keep a reflective journal during all four years of their qualifying training. With regard to learning how to use action and action methods, students would be invited to dedicate space in their reflective journals to explore how action methods and techniques have impacted upon them. This would mean undergoing experiential sessions in training during which they participate in the action method being used.

8.3 Proposed framework for reviewing and supervision of the use of action methods in family therapy.

The following is a proposed reflective tool developed to make sense of and integrate the use of action methods where they are used in systemic practice as a significant part of the change process. As in my analysis chapter, this involves both the CMM structure and the role analyses. The CMM hierarchical structure is used to plot the levels at which action methods might be evaluated. The two role analyses are used to help the therapist understand their role in a particular therapeutic episode. Here I propose a more simplified form.

Step one: Role analysis one: reflection on action

The student or supervisee brings a session in which action has been used.

They are then asked to complete a role analysis with the help of the trainer or supervisor.

Role analysis 1: The student or supervisee's understanding of the situation for the client, couple or family.

Context: A situation in which the family….	
Relevant beliefs in relation to the family and the problem. Probably no more than three are necessary, but in more complex situations, more may be added.	
Belief 1	'Evidence'
Belief 2	
Belief 3	
The therapist's understanding of the family's and its members' feelings about the situation. Again, three is probably adequate.	
Feelings 1	
Feelings 2	
Feelings 3	
Relevant behaviour in the family in relation to the situation as understood by the therapist.	
Behaviour 1	
Behaviour 2	
Behaviour 3	
Consequences/outcome: The role for the therapist in action in relation to the above.	

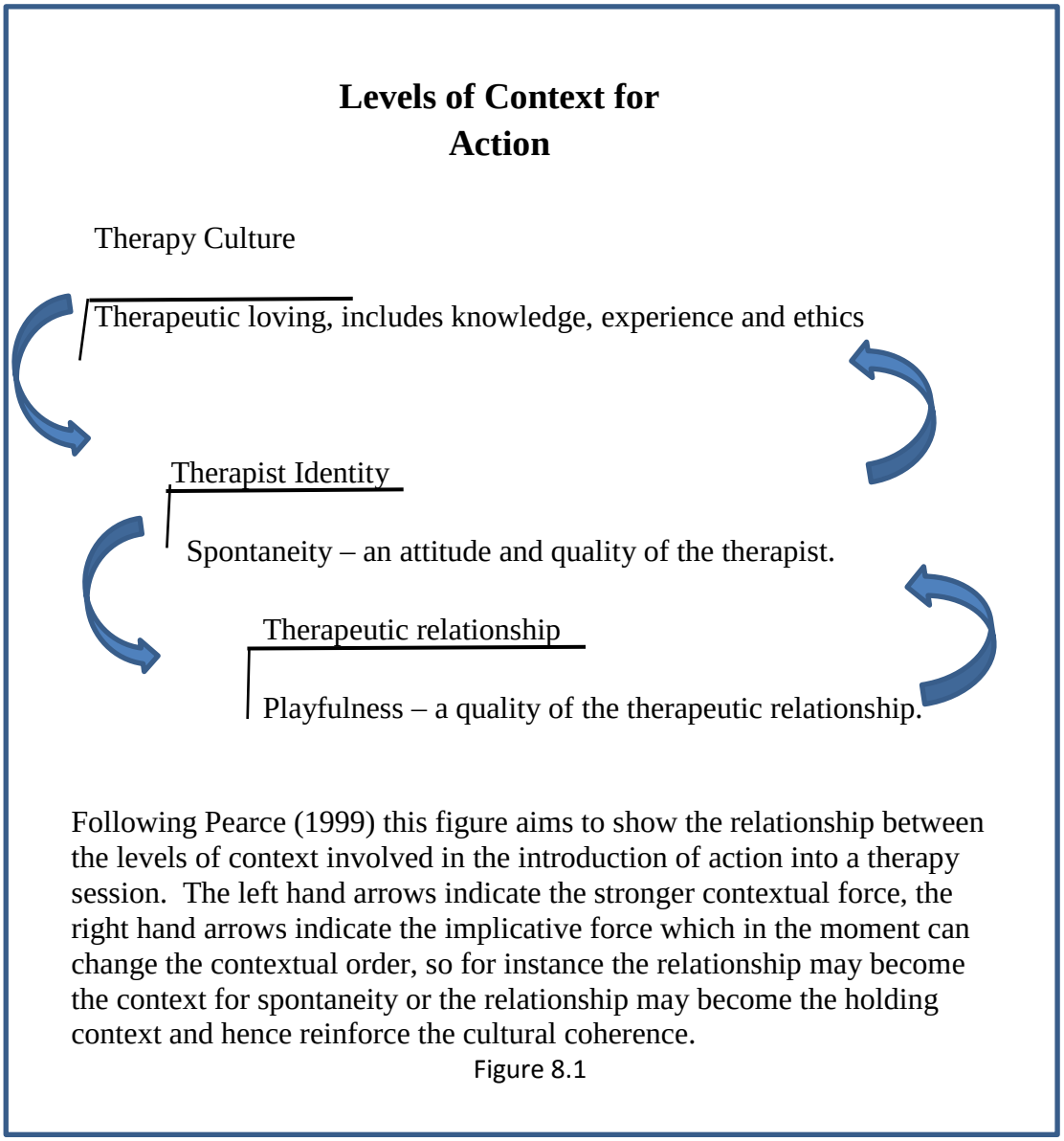
The first role analysis aims to identify the therapist's understanding of the beliefs, feelings and behaviours of the family which then determine his or her 'functioning form' or role in relation to the family.

Step two: Role analysis two: Therapist self reflexivity

Context: A situation in which the therapist…	
Relevant beliefs in relation to him or herself in the episode. Probably no more than three are necessary, but in more complex situations, more may be added.	
Belief 1	'Evidence'
Belief 2	
Belief 3	
The therapist's own feelings and emotional connections to the material being brought by the family.	
Feelings 1	
Feelings 2	
Feelings 3	
The therapist's behaviours in the episode in relation to	
Behaviour 1	
Behaviour 2	
Behaviour 3	
Consequences/outcome: The role for the therapist in action in relation to the above.	

Step 3: Coordinating the Meaning.

Using the structure from chapter seven the meaning for the therapist can be plotted against the levels in a way which would expose contradictions and incongruences and help the therapist to develop their practice with regard to action in a more coherent way. This would also require the development of training for teachers and supervisors.



Following Pearce (1999) this figure aims to show the relationship between the levels of context involved in the introduction of action into a therapy session. The left hand arrows indicate the stronger contextual force, the right hand arrows indicate the implicative force which in the moment can change the contextual order, so for instance the relationship may become the context for spontaneity or the relationship may become the holding context and hence reinforce the cultural coherence.

Figure 8.1

The three dimensions proposed above form a framework for evaluating the use of action and action methods in therapy:

- therapeutic culture, specifically including expertise, and the way therapeutic power is exercised, as well as specific theoretical constructs;
- therapist's identity, specifically including the use of spontaneity as defined earlier, and;
- therapeutic relationship with the emphasis on how playfulness is communicated, established and maintained in the relationship

It is my belief that using the hierarchical model in CMM in the way suggested here may enable spontaneity to be tracked in therapy and therefore aid self-reflexivity. Being explicit and tying the action to the episode and to the overall goal of therapy will help build confidence in relation to using action methods. Being rooted in the relationship will encourage reflexivity and an understanding of the mutual influence that is central to understanding the relationship. Skill development will be enhanced by the reflection as it will highlight areas for further growth and learning.

Where there is coherence between the levels, i.e. where they are working together and there is flexibility and the recursive relationship between the levels is in harmony, spontaneity may be considered at its best. In combination with the role analyses it could become a tool for self-development of therapists interested in further exploring the use of action in therapy. Though it need not be confined to the use of action methods alone, in relation to the use of action methods it would help with the therapist's ability to develop the use of action methods.

8.3 Areas for further research/investigation

I have not researched how the main systemic training courses in the UK approach the teaching of action or action methods in a structured and systematic way. This is an area which might be helpfully explored, perhaps through the Association for Family Therapy's Accreditation panel, (of which I am a member).

Stratton (2005) proposes a hermeneutic learning spiral for training therapists which incorporates principles of adult learning, reflective practice and CMM. The proposals above, while not as comprehensive, fit well within that model. That model might be used to further examine how action methods are taught and embedded in systemic practice

I have also not explored why some therapists might be more disposed to use action than others. One hypothesis is that students who are exposed to action methods and techniques from external sources, such as specific workshops or previous professional qualifications may be more disposed to using them. Where such prior knowledge and experience exist, action methods are more easily incorporated into the professional repertoire.

8.4. Next steps

This project has ensured that I have focused on an area of work that has been very important to me for a number of years of my professional life. I have been fortunate to have been able to facilitate healing change in families, couples and individuals through the use of action methods in my own practice. Apart from running specific workshops, I had not integrated action methods into my teaching practice in a systemically coherent way, always feeling I was borrowing from psychodrama. That has been changing over the past couple of years and will change even more in the coming year as the learning from this project is integrated into the foundation and intermediate years for which I am responsible.

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Appendices

Appendix One

Action Questionnaire & results. 26 questionnaires returned - Not FT 8
Date: 6.5.09

Family therapists and student family therapists: 18

1. a) I am a UKCP registered Systemic Family Psychotherapist.☐ 11

Years post qualification __10, 9, 15, 4, 1, 20, 9, 19, 12, not specified, 8

Current student ☐ 6

Intermediate Level Training 1

b) I work with families in another capacity. ☐ Please state Nursing (student)__Primary mental health worker, CAMHS worker.

_____

c) I am something completely different. ☐ Please state_____

2. In my work with families in the last 6 months I have done one or more of the following: (please tick as many as are relevant).

- ☐ 18 Actively involved family members in constructing a genogram in the session.
- ☐ 5 Facilitated a family sculpt
- ☐ 8 Interviewed an internalised other
- ☐ 11 Helped a family enact a problem
- ☐ 7 Helped a family enact a solution
- ☐ 15 Externalised a problem
- ☐ 5 Used any attachment based exercise involving touch (trained in theraplay +9)
- ☐ 10 Used drawing or painting in a session
- ☐ 7 Used dance or movement in a session
- ☐ 4 Used any other 'action method' (this list is not meant to be exhaustive.) Please describe briefly.
  Have 'mirrored' the child ie.e sat in the chair like them. (+10)

  Theraplay ideas (+9)

  Video film of anorexia externalised (+1)

  Behaviorual family therapy, parent-chld game techniques. (+8)

Please feel free to elaborate any of the items above, using the reverse of this questionnaire.

3. Are there particular times you are likely to use action methods with families, i.e. does something happen in the moment which inspires you to use action?

- With young children in session. When stuck, in trying to help family understand my ideas. (10)*
- Punctuation, Helps people to see other perspectives and the thinking behind them. Help to enable people to have a sense of control over the session (student)
- I have a dance/physical ed background and feel comfortable using 'action' approaches with families where it seems it will fit for them too. (+9).
- 1. Younger children often take to this so it is more likely to go naturally into play based action. 2. When feeling stuck. 3. With intellectualising families where words are often concealments needs a lot of preparation. (+15)
- No answer (student)(student)
- Yes, the intervention is based on what has gone on before the moment/previous session (+4)
- When feeling stuck/need to change process (+1)
- Mainly through a directed question in active response to dialogue from a family 'other' i.e. 'interaction'.(+20)
- Use genograms a lot particularly in initial sessions to join with family. Use lots of action methods in multi family therapy where it is very popular and valued by families. (+9)
- To interrupt/address an unwanted repetitive pattern of interactions that seem to have persisted, no matter what has been tried previously. (+19)
- Sometimes words don't work and action makes more sense (+12)
- Yes, some things just inspire me – the family's language / culture/ also active children. I trust an intuition to catch the mood or try to change stuckness (Intermediate level)
- When I feel that family needs it, I would facilitate it and check with them if it ok to do so. (student)
- Gestalt therapy (student)
- I need to feel a 'therapeutic fit' between my family and using action methods (non- specified pq)
- When it Appears stuck or to involve children. (student)
- Not answered (+8)

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4. Have you had special additional training in using particular methods or approaches which involve action?

- Trained at MA level in Art Psychotherapy.(+10)
- No (student – nursing ppq) (+1)(+19)(+12)(student)
- Dance/ PE teaching/ theraplay training – all are incorporated into my 'integrative' approach.
- 1) Judy Hildebrand – family sculpts ppd. 2. Training alongside someone with an interest in psychodrama and ft. 3. Working with families with children under five where structural ideas are useful. (+15)
- Inspiration from colleagues (student)
- From theraplay ideas (+4)
- No answer (+20)
- Completed BA in drama and theatre when I first left school. Have only recently started to revisit that training. Also completed multi-family therapy training which was very action based. (+9)
- I have done lots of short workshops: drama therapy, solution focused, but these were all 1 or 2 day things. If there had been a Kent drama therapy course I'd have done it. (Intermediate level)
- Few workshops observing other professionals dong it. (student)
- Counselling course
- Some 'very basic' psychodrama training. (non- specified pq)
- Child focused practice, direct intervention with children, resource based trauma therapy. (student)_
- Solution focused brief therapy (+8)
- _____

5. What systemic ideas, theories or models do you draw upon when using these ideas?

- Structural (+10) (+9)(+15)(+1)(+20)(+9)(+19) = 7
- Milan (+10) (+9)(student) =3
- Narrative (+10)(+9)(+4)(1)(+9)(Intermediate level) (non- specified pq)(student) = 8
- Solution focused (+10) encouraging families to 'live in ' the solution. (non- specified pq) = 2
- Developmental (+10) 1
- No response (student)
- Strategic (+9)(+20)(+9) =3
- Reflecting dialogues for children , e.g. puppet shows and role plays. (+9) =1
- Gestalt ideas re embodiment (+15) =1
- Tom Andersen's ideas (+15) =1
- child protection training re network sculpts re cp conferences (+15) = 1
- social constructionism, systems theory, curiosity and the not knowing position (student) =1
- Burnham, (+4) =1

- Wilson – theatre of opportunity i.e. discomfort zones. =1
- Dialogic – as conversational substitute (+1) =1
- Post Milan (+20)(student) =2
- Webster Stratton (+19) =1
- Externalising (student) (+8) =2
- IOI (student) =1
- Language as action (+12) =1
- Positioning, both meta phorically and physically. (+12) =1
- CMM (Intermediate level) =1
- Hard to define – only a few (student) =1
- SFBT (+8) =1
- Attachment theory (+8) =1

---

6. How did your training

a) help you to think about action?

- Not (+10) Not theoretically but in ft placement (+1) Not that much really (+19)
- Enabled me to be more crative with ideas, no rights ro wrongs, curious about action as beell as dialogue.
- By supervision groups – Judith Lask – IFT IOI, externalising (+9)
- Families can have thinking, feeling, doing styles. Find the fit and go along with the flow (+15)
- Thinking about language and its uses, sometimes in the moment (student)
- By facilitating and encouraging to take risks, with each other and in the therapeutic space (+4)
- Role played a family member for nine hours in total for training film (+20)
- Helped to really think about all the different ways of being creative and how to be (something) in taking a risk (+9)
- Role play (+12).
- It gave me some experience/allowed me to produce and feel the benefit of action. (Intermediate level)
- Make it more comfortable for me. (student)
- Reflective journals (student)
- To encourage me to take risks (non- specified pq)

---

b) help you develop skills in using action methods?

- Did not – very language based, social construction theory was in! (+10)
- Always time to role play, practice and then observe in practice.
- As above (9)(+19)
- Doing them (+15)
- Having the opportunity to be creative (student)
- Practice, i.e. taking risks, reading and discussing with peers/tutors/families. (+4)
- Only little in placement (+1)
- Completely by observing and participating in the drama of the family (+20)
- Role play, use of video and discussion.
- No completed
- I think I am still developing (Intermediate level)
- Enabling me to be confident in exploring and learning. (student)
- Practice in my family therapy team with colleagues assisting support or family and me. (student)
- Role play and enactments helped familiarise action methods. (non-specified pq)
- Role play, direct application of theories/techniques, supervision (student)

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*figures in brackets indicate number of years qualified or current student.

Appendix Two

Invitation to participants

Dear IFT member,
An invitation from Chip Chimera

I am currently undertaking a practice doctorate researching how family therapists use action in work with families. I am looking for two or three generous souls who would volunteer to be interviewed for my study.

I would like to interview people with the following attributes:

- at least two years post qualification experience
- use action or action methods (however you define those) with whole families or parts of families from time to time or more regularly
- DO NOT have a formal training in any recognised arts therapy such as dance/movement, art therapy, drama therapy or psychodrama. (though you may have done some workshops or training events).

The interview will be for about one hour which will be video and audio recorded. There may be a follow up interview. I will be very happy for you to have a copy of the transcript. Your identity will, of course, be kept confidential. The relevant forms setting out the parameters of the project and you participate that you can withdraw at any time if you are not happy.

If you are willing to take part we will arrange a convenient place to talk. I am happy to travel, or pay reasonable expenses for your travel.
I'm happy to talk it through and provide more information so please do not hesitate to contact me.

If you meet these criteria and are indeed feeling generous, I can be reached on my mobile: 07711 731138.

Many thanks and warm regards,

Chip Chimera

Appendix Three

Agreement to take part in research project and for the participation to be visually recorded – professional participants

I agree to take part in Chip Chimera's research project and understand the following:

1. I will have up to two interviews with Chip regarding our therapeutic work.
2. The interviews will be DVD recorded and transcribed. My name will be changed in the transcription and no details which identify me as an individuals or my clients will be retained.
3. The videos will be kept confidentially under lock and key and destroyed after five years. This will give ample time for any reassessment which may be necessary for purposes of the research project. I can see any written material that emerges from the interview or from the project as a whole in due course. I have the right to edit or remove any information which might identify me.
4. The videos may be shown to members of the academic team assessing Chip and to her student colleagues on the course.
5. Chip is bound by the code of ethics of the Association of Family Therapy for this research and a copy of the code has been offered to me.

Signed:

_____

date:

Appendix Four

Semi-structured interview for Family Therapists.

1. Thanks and explanation about the project. Explain the aim of the research and the process including the use of the recording equipment and the small world figures.
2. Complete consent forms. Explain process for seeing the results. Explain exit plan if needed.
3. Distinguish between action and action methods.
4. Begin interview by asking for their background and interest in using action in therapy.
5. Ask for their professional history and training.
    a. Prior professional qualification? (anyone with a training in art therapy, dance and movement therapy, psychodrama or dramatherapy will have been screened out.
    b. What experience of using action methods? Action?
    c. Attended any CPD or short courses on action methods?
6. How do they define 'action', and 'action methods'?
7. In general, what theoretical concepts and connections do they associate with using action in therapy?
8. How were these skills covered in their family therapy training?
9. Can they describe an episode of when they used action or an action method.
    a. Brief verbal description
    b. Set up using small world – choosing objects for family members, self and team. Other important people in the network may also be present.
    c. Identify context – this may involve some psychodrama techniques such as role reversal and doubling.
        i. what sort of therapy (e.g. court ordered? Whole family? Couple? Children? Agency context?)
        ii. At what point in the therapy?
        iii. What were their beliefs feelings and behaviours as a therapist at the time?
        iv. What were the contextual factors for the family?
    d. Enact the moment. How did they experience it? How do they think the family members experienced it (use of role reversal)?
    e. Reflection
        i. What ideas organised them at the time that led up to the enactment.
        ii. How do they think it changed things?
        iii. In hindsight what would they do different? What have they learned about themselves? About the family?
10. De-role the figures.
11. Discussion about the process.
12. Any questions for me?
13. What next.

Appendix Five: Transcripts

Transcription of 'pilot' interview. August 2010.

T1

This was both audio and video taped at the subject's home in California. Objects from the subject's office were used to 'people' the small world exploration.

And I can say thanks very much for agreeing to do this for me.

Ok as soon as I get levels on this one. Ok it's going.

OK so I've explained a little bit to you about the project and thank you for agreeing to be my pilot. And what I'm interested really in is how family therapists, how and why really, family therapists use action in their work. And kinda what's going on for *them* at the time when they decide to move into action with a family. Um, you know it's like a piece of action might be helpful . And one of the things I was asked to distinguish between was 'action ' and 'action methods'. By action methods I guess we mean anything like psychodrama, because you know I'm a psychodrama psychotherapist. And um psychodrama or drama therapy or art therapy or any technique that's got that label of 'technique' would be an action *method* for me. But I'm also interested in why family therapists decide just to move people around. The 'embodied' part, you know. The bit about when talking in itself becomes decentred and one asks people to do something more embodied.

Ok so. It says here (reading from sheet) ' ask for your professional history and training.' Oh do you have any questions .

No, no.

Oh and I do have here a release form, which I didn't bring with me! For people to sign.

I could email it. And that would be

Ok thank you, I will email it to you when I get home. Um, so you can get out of this any time if you are not happy.

Yea, yeah, no I think I have a sense of what threw you off just then.

What?

My smile.

Oh,

Because you looked at my face in a very different kind of way. And this is connected with your question about therapists and therapists have, I would say, well I will say, is that I think therapists have a sense of purpose: that relationships are purposeful. And that people engage in a connection because, that serves some purpose, that they may or may not be aware of. And some interest that they are trying to maintain.

Mmm, mmm.

That was just an awareness I had, that's all.

Thanks, thanks,

Does it connect with…?

Absolutely connects and I'm sure it will come back, it will be recursively connected to our discussion. I know it will, I know it will. So um one of the reasons I've asked *you* to pilot it is to get the feedback also from the process itself so afterwards I'll ask you a few questions about that. I'm just gonna make a note of the time because that will only go for half an hour and I think, I hope that's enough, but you never know. Um

I know what happens at the half hour because mine will pick up.

Oh that, that will keep going (another recorder). It's just that the tape will finish in half an hour so I can change the tape.

Oh, oh, got it.

You'll be pleased to know I've only got one more tape. (giggles).

Well, I've got

No its ok, I'm sure an hour will be enough, because I've got to transcribe it of course. Um so you can get out of it any time. And I'll send you a copy of the transcript and if there's anything you don't like or whatever you can, we can… you know, *you've* got control. I'm sure their won't, I don't think there will be from what my knowledge is of you and my knowledge of me. [context setting]

So control is not my problem with this, right? OK so go ahead.

So in your prof, it says here to ask you your professional history and training. And in particular, before you became a family therapist what was your training?

Do you want, cause this could take up a lot of time, could I write this out for you, or I could just sort of try to

Just a synopsis, what I'd be interested in is what was your previous professional qualification before you became a family therapist. And I think I know but it would be helpful for me.

My professional qualifications before becoming a family therapist is that I have always been I think a human being and I grew up in a family (giggles) and whether or not I was being trained professionally or not,

Did you get a certificate?

I didn't get any certificates but I got a lot of spankings! (both laughing).

Ok

Um so um I so um a clergy, the clergy background for me has been always there. And there is a real relationship in my understanding between uh religiosity, shamanism, and therapy. They are all therapeutic modalities. And so I would say that that training came from growing up in my family, uh being aware of what happened to people uh and the things that professional therapists later talk about uh were present in that family and in that community um and it was sort of melded together. So if you were to ask me was there a place that I could say that it started uh I can't do that.

Ok. I'm interested in the shamanism and spirituality part of it but and I'll be interested to see how that comes in with the action, and if it does. You haven't had any prior training, just for my purposes, uh in any uh arts uh therapy like psychodrama or drama therapy?

No, no.

Ok.

No special training in that.

Ok.

Other than college, ok a course in college in um, in uh music and the arts. But then I've also done some writing in that area, professional writing in that area.

In the area of arts,

In the area of the narrative arts, the classical paintings, people like Caravaggio. Remember you got me that book once, 'the life of the artist' by Vera (something)

Did I?

Yeah, you did at the National Gallery.

Oh, wow.

And at that point I was already writing articles for journals and there is one that is going to be coming out called 'A Winged Figure' um and its looking at a sculpture but looking at it um through the eyes of a pastoral theologian.

Wow when is that coming out?

Well um

And what journal?

I'm, the book is supposed to be, I think it's supposed to come out some time in September. I don't know the name of the book it's an edited volume. But I can give you the journal piece, I can download it easily.

Oh I'd love that.

Ok, so I've just told you how I define action and action methods, do you have any kind of ideas about that definition?

I do, I do (laughs). Um I kinda telegraphed what I'm thinking. I think that all therapists uh have some idea of purpose, and goal in mind. And they have some notion of what is therapeutic activity and what is not. And I think that most therapists have an idea of how to augment, how to try to understand the dilemma that they are working with and to try to understand how that might serve current purposes and if a person comes to them they usually come because they want to get some kind of change. So the therapist has a purpose in this about a direction for change. And then most of the means, which I would think you recall, methodologies or methods, most of the means are aimed at trying to achieve that goal or that change or that outcome. And so therapists working with the client or the family may also have an idea of progress along the way towards that change, the goal. Um the goals may change as the clients' ideas get changed so they sort of move like basketball players do and um but they also have an idea of when the change has been achieved or enough has been done so that the therapy part, the formal therapy part, is over. I

think the therapeutic part continues even after the formal sessions of therapy have ended.

So uh so I would see action as being both something physically objectively done, that people can see and observe and you could take a picture of, but it's also something that happens internally so that the external and internal histories are always interactive and they are never separate.

But I think that there is also something about a relationship here. That a person has a relationship to themselves, there's the relationship between the person and the counsellor or the therapist in the therapy and then there is the relationship that the therapist has with himself and then there is a relationship that both have with something other, than that they are aware of.

mmm.

and that something other can be, I don't know. Its whatever is outside of the room that influences what's going on, the conversation , inside the room and um so it um, yeah.

Yeah.

So because both of, both people, when they come into the room come from outside, the world, and they bring whatever is there.

It's so, it's so interesting for me that you are describing it in that way and I just wanted to stick with that notion at the moment. So the inner, the intra, and the outer, yeah? Just to kinda summarise in a brief way. Um, is there somewhere, say in the last (unintelligible), where you got those ideas? Where did those ideas come from or are they just (gestures open arms)

Where did I get my big ideas?

Yeah (both laugh)

Uh I uh think they have evolved over a period of time. I always sense that subjectivity or feelings or emotions are powerfully important. But I'm also aware that there's always an environment that occurs and that the environment, whether we are aware of it or not, influences what is going on.

I grew up in Seattle where it is always raining. And Seattle has a very very high suicide rate. People, and some people have said this is because the weather is so gloomy. And as a child growing up there were a number of suicides in my neighbourhood. And I could never quite understand

why that this occurred. There are other communities where the sun is shining all the time and the suicide rate seems to be lower. So is there an interplay between the environment, what goes on outside, and what goes on inside? And we tend to um explain weather patterns according to emotional patterns. So 'stormy weather' a 'depressed day'

Oh sure, and a black cloud

A black cloud of depression is over one's head. I think Martin Luther King Jnr used to, the word was, a something in their mental skies, so (chuckles) speaking about uh children and the gloom that they experience. So there, so we've always used metaphorical language, I mean we've used weather, the environment, as a metaphor for what's going on inside. So the metaphor, the metaphor, my understanding of metaphor is that we refer to something that we can see to talk about something that we cannot see. So we talk about the weather, which we can see, to talk about the emotions which we cannot see. We can see people's facial expressions but that's an expression of something we can't see.

OK, Ok.

Did that answer your question? Probably not. No (chuckles) (pages turning over)

I don't think the question was answerable but I think that it answered a question, yes. I think that, you know

Well you asked how did I get to that, and I think uh I think I don't know. But it was a part of being aware of what happened with uh by a mom's and my siblings and peer generation and what was going on.

mmm. yeah. I think it absolutely aptly describes what we do, you know, what we, the relationships that we are working with in therapy all the time. You know the inner, the intra and the outer. But I'm not sure that we are always aware of that, as you say.

Well maybe one link is through religious practices. I grew up in a black church that was very emotive and music was always very very powerful. And I had a grandmother who would be sitting there and the music would start in her feet and would be tapping, the spirit would hit and she would explode. And we would jump back, and it was that kind of expressive church. No one sat still and rigid, you couldn't. People got up they danced and moved around and the neighbourhood that I grew up in uh uh was really very racially mixed uh there were different patterns of

emotional expression that people had. And so I think that that led me to um thinking more philosophically about things: the question of 'why'. And I ended up majoring in philosophy in college to try to answer some of those questions of why. And that might have been the formal beginning of trying to explain the inner, the inside/outside of things. So I would say philosophy was…

Ok, ok. Thanks. Thank you. Ok, right. So do you use, I mean when do you use action in your therapy? When do you ask people to move around in the room or move at all?

I, I all the time, from the very beginning.

Ok. Can you describe

Yes, yes I can. I may, because our building us usually locked in the evening I have to meet people in the parking lot and so I observe when they drive in, how they drive in and where they park, how they park uh, their movement from their car towards me. Uh the first contact is usually uh hand greeting (miming shaking hands): 'how are things going?' We walk together to the elevator and they start talking. I will say, let's wait until we get into the room because I have to be, I want to pay attention. All of that is a huge set of action that I then carry to the room. And sometimes in the therapy I will refer back to, if it seems to me to connect, I will refer back to their carefulness in getting out of their car, their locking. So I try to look at and think of every little bit and piece of action as a possible point of reference and so I refer to it and reference back to it and then I may then in the room ask the person, 'why don't we exchange chairs.' If I want them to think from a different perspective. I may physically ask them to move around, or I may not. Or I may ask them to move back in time to a memory. And I would see that as an action. So I would see action as something that I do: physical movement, but also conceptual movement.

Ok

Visual movement.

Ok. How do you, describe 'visual movement'?

Visual movement would be a memory. I would ask uh, can you tell me or select. I might say to them, let's say that one, a woman once was going, she was going to preach a sermon for the first time.

OK let me just uh stop you because I'm gonna ask you to describe an episode, a recent episode that where you've used action in therapy. Is that the one you want to describe? (non-verbal) Oh, ok.

Yeah, cause there's so many of them.

Ok

Um

(talking together)

She said that she was fearful of something and uh I asked her to move back in memory to a time when uh she was fearful of something and what she did to overcome it.

(talking together)

So that would be a movement and be a visual – so she had to image it, what was going on.

Ok

And sometimes I may, I will also have in my room chinese checkers for playing and I will ask the person or I will join in a game with the person. Uh I always let them win, and um so then its part of what we do may be uh some of it may be silent that we're making, thinking about our move. And um so they will make a move and I will then ask them how they may have moved, made similar moves in the past. But the physical moving of the object on the board is a visualisation. They can actually see themselves and I can see them. They can see themselves and I am also observing them so we have sort of a bi-cameral focus here that we talk about. Their experience of what they were doing, my observation of what they were doing and sometimes that could be a visual um a visual in the sense of a mental way of moving forward.

Ok

Imaginative is what I mean by visual.

Ok. And when you do that, when you ask them then , you asked this woman to imagine a time in the past when she was fearful and then, and how she overcame it, and then what happened?

Ok. Also that she will explain it to whit how she overcame it. And sometimes it's very animated and then I might say, ok, I will compliment

that, I will I'll stroke her on that I will highlight it. Say 'what do you think is keeping you from doing that now?'

Ok

And the

And then work with that.

Work with that and get her explanation of that and then at that point, at that move, I will challenge her a bit about what she might be doing to support the blocking of that happening. It might be that she wants to talk with her boss about a raise in pay and that she feels that she deserves more. So if you made that move back then, what do you think is keeping you from making a similar move, I won't say the same move, because it can't be the same, but a similar move

To support yourself

Now? Alright, let's look at the blockage and try to give the block a name, like a 'fence' or a 'wall'. What would it take to begin to dismantle that wall or that fence?

So that would be a visual. By taking the problem and putting it into something, an image, that can be seen and worked with. Then I might use an object, I don't know, by taking it apart.

Ok, ok.

What would be the first thing you'd take down. If it was a brick wall what would be the first brick you would move?

Ok and do you work with couples and families?

I work with couples, I work with individuals, I work with couples and I work with families. That is to say with children in the room. And when I work with children I do not start with the adults. I start with the kids.

Ok so I'm really interested in what you do with children and families, then and I'm wondering if you could describe on episode, just one episode of using action with um

Ok. There was a, there were, there was a, and also I have a video clip on this. There was a um family that came to see me. A 22 year old um person who when she was 15 years old ran away from home. She now wanted to adopt her um three siblings. So if you can imagine a 22 year old who has been on her own, taking on three of her siblings ages 7, 9 and uh

11. Cause most 22 year olds I know are not wanting, not going to do this. But these were her siblings – she's gonna become of the family. She was looking for a black, male therapist cause she wanted a role model. Two of the kids were, the nine and eleven year old, I mean the seven and eleven year old were boys and the nine year old was a girl, her sister. She was getting a lot of sass and so she wanted to, she didn't feel like she could hold it together. So what I did was uh, I said let's play a game of connect four, where you put the little things in, the little chips in – then when you get things in a straight line then you win. OK. So, I divided them up. I divided the family up. Their whole goal was they wanted to become a family but didn't feel that they were. And since competition was such an issue for them I felt that I needed to get a game where I could accentuate the competition and show both competition and co-operation at the same time. Cause I didn't want to fight the competition but to cooperate in it. Ok. So I divided it up the girls against the guys and then I would switch it around; guys and gals against guys and gals, and then I would be on, I would switch my team loyalties at times and then I played the game with them individually. So I did the individual thing plus the group thing. And every time they were to make a move, I would say 'think carefully about your move. Think carefully about your move. You are about to make the move.' And they then began to pick up the chant of 'think carefully about your move'. This is what I wanted them to do. I wanted them to think before they act, took and action. And um, and I think it worked. I think it began to work.

What made you think it worked?

Well, uh because they began to talk about co-operation, they began to talk about team work and they were not, they were not… one of the ways I knew that it had worked was that at the end of each session that I had with them I, the first time, I had what I call a prayer circle. Say we're all trying to become a family so let's join together as a family and let's have a little prayer. And the little prayer was usually about something that happened in the session. 'God help us to do x, y or z.' and then I named each of the persons – help this person do what they were gonna do, then that was it.

That was the first time. I did not do it again because I didn't want to be the one to impose. So the next time we were going to end the session the young lady, the girl said, uh 'ain't we gonna have prayer?' I said ' Oh, you wanna do that?' She said 'yeah.' I said, 'why don't you lead it?' and so her words were about 'help us to become a family.' And so then I knew that they were beginning to get the message.

And that was the 22 year old who said that?

No, no, no. (talking together)

It was the nine year old?

It was the nine year old said that – the 22 year old I uh would only uh, I would s, she sat in the chair, and I would sit on the floor.

Can you set it up,

Yeah

can you choose figures that would

sure

that would

she, she uh. She sat in the chair – this is her. I would sit on the floor. And uh I was trying to do a number of things here because I thought that gender was an issue I decided that I would always back her play. Whenever she said something I would say, 'that's a great idea, yeah, that's a brilliant idea. Did you hear that, did you hear how brilliant that idea was?' Then I wouldn't wait for their answer. (giggles) then I would come back with something that would support it and him/her, him and him, around that idea.

Ok

And yeah.

So can we have him/her, him and him (A moving figures around – some chuckling) oh sorry, o is that gonna be

Oh I don't know, I'll just do it here. (28:04)

She's sitting anyway.

She would sit and I would be on the floor, uh and I would usually be drawing something with the kids, talking with them. She was in the role of observing.

So these are the two boys?

Ok these are the two boys, and the daughter, and the sister was also drawing. Each of them had their own drawing.

Ok, is it important to have something for the sister here?

Well that would be the sister

OK and where's you?

I would be here, uh on the floor.

OK and this is?

That's uh (unintelligible – both speaking)

Ok. OK, so this is you, this is the sister, these are the two boys and this is the girl. OK so what was happening?

Well what was happening was that uh she would lean forward and watch the way that I was interacting with them. Her way of getting change was to what she called 'pop' them when they didn't obey her. She would pop them, that is (makes an emphatic noise) she would hit them.

Would she do that in the room?

No she didn't do that in the room cause I, I (both speaking) I have rules, I have rules that you don't hit.

Uh huh

And uh, but what I did say when she said 'I pop 'em' and I said 'Ok, popping is one way, one strategy, lets also think about some other possibilities.' And so I would play with them or coach them as they were doing their own drawing and then I would, she at one time asked, the nine year old one time asked the seven year old for some Crayolas because she wanted one of the Crayolas that he had. And she (big sister) said, how are you gonna get that? And I said that's good. I questioned, then I repeated 'how might you get that?' she says 'I ain't gonna get it cause he ain't gonna give it to me.' I said 'well, let's think about this uh, why don't you ask him?' She said 'he ain't gonna do it.' I said 'well, he might, he might surprise you. Ask him.' And so she then asked him and he handed it to her and I said, (very animated) 'hey woh! Give me five, man, give me five!' and so he hit me five. And I said, 'that is fantastic, did you see that? Did you see that?' so I made a big deal of it.

The uh, the uh eleven year old was over doing his own thing and uh doing his own drawing and letting this, letting them have it. So I made a big deal of it and then I said, 'you might want to ask him for some other things some day and he might just surprise you too.' And so I left it like that and um and then we went back to um, and then I asked them, I said um 'how did you , how did you' I asked her I said 'how did you decide to

ask him that, cause you were not wanting to ask him cause you thought he going, but you asked him. ' I said. She said, 'it wasn't easy.' I said 'I know , I know that really wasn't easy but you did it and so I.'

I just want to check the timer on the, sorry… oh, it actually goes for an hour – so that's good. Ok, so you. Sorry. So you asked her. So how, how did you know how , how did you know when to ask her and what did she say?

She said 'it wasn't easy'. And I agreed with her. I said I know it wasn't easy but you did it. And I said that's really really good. Maybe you could do more, think about doing that more. And maybe he might surprise you more. And we get more surprise in the family. I said after all, then I repeated her goal again. I said 'after all we're trying to learn to become a family together.'

And so what happened, what do you think the impact on him was of what was going on?

Well, I think that he was content. And I was also uh content to to let him do his own thing. He then eventually, cause I have a lot of dolls and play things in the room, he hid in those play things and I said 'I wonder where your brother is, I can't see him. ' and she said (excited voice) 'oh I know, I know.' I said 'well, where is he, how do you find, where is your brother?' she said 'there he is there he is' (phone rings) and the I saw him and I say 'Ah hah hah haaa (both giggle) I see you now.' (phone rings again)

So but all of that, all of that was spontaneous but it had in mind um the idea of trying to become a family and making use of whatever they offered in terms of their behaviour.

So in that sense I think that a therapist, if a therapist has in mind a goal, then everything that happens, the therapist can try to move towards that goal that the therapist has in mind which originally comes from 'why are we here', the purpose of the therapy. (phone rings)

Yeah, yeah. So in that, just in that episode, how did it change you, do you think?

Well, (heh heh), it changed me in the sense that uh, I did take a video, I had the camera going, the video camera going, because I wanted to learn from what I did. And it changed me in terms of knowing bit by bit, the interplay, whether or not I was connecting with each of them individually and whether or not I was connecting with the reason that they were there, the whole. And so every bit of interaction, interplay, told me, gave me

feedback, positive or negatively about whether or not I was moving in the direction, the larger direction of my goal, or if I was missing it all together. So it changed me in that way. And I also felt myself becoming more uh compassionate and available, or emotionally available to them. So I knew that uh something was happening to me. So I assumed that something positive was happening to them because they also kept coming back and not wanting the session to be over. So those were little things that told me something's going on here. Uh but I kept the frame of an hour and a half with them, with the whole family. There were times that I would then say that I need to talk with your sister for a moment and then I would have a conversation with her in front of them.

Right.

Because I wanted them to see how adults communicate that um, because their parents uh were involved in drugs and they were now in prison and um and they were couplely not responsible. So at 22 years old she gained court custody of her siblings which I thought was fairly unusual.

So, just a little bit more about the context. It wasn't court ordered therapy, she had sought the therapy?

She sought me out. She, she had, they had been to other therapists before. And they were looking for a black, male therapist. And so I was referred to her, or she, yeah, I was referred to her. And then she came and I had a session, first session with her alone to find out two things: what did she want and whether or not I could be of help.

Right , ok. And uh, ok good. Ok. I was just thinking, the reason I'm hesitating is cause I was just thinking about what you said earlier about, it gu, with the woman who made you, who was fearful.

Yeah

And you invited her to reflect on other times when she had been fearful. Um and I guess

And how she overcame that.

And how she overcame it, yeah. And I'm just wondering what was happening in this situation that encouraged you to go the way you did. If you think about, you said they were drawing, and she was, it came from the client. The little girl wanted to know if..

The first session that I had, I said 'what's going on? How, how can, come talk to me, tell me, so that I can know if I can be helpful.' So she named

issues of competition, that we're trying to become a family, and that uh that she felt that the competition was tearing the family apart. I said 'OK, I think I can be helpful.' Um so those three things I kept in my mind and I, as goals, of helping them to think creatively and positively about competition. That competition's not bad, that competition can be good. And to think about what does it mean to become a family and so I thought of a family circle as being one way people experience family uh, to work through conflicts and to think about chores so that each person had a task that contributed to the overall upkeep. Such as we finally have a clean and tidy house. That means that this person, this person, that person has to pick up their room, they have to do certain things to help the house to come together. And each person had their part and so I use big ideas like 'house' to frame particular behaviours within.

Ok

Yeah, So it really came from her and my big play, my big idea, was to back her play to uh always make sure that she was in the position of authority. That's why she sat up high and I sat low. And when I spoke to her I had to look up to her, as they would. So I tried to get the physical, the physicality of the place to match the rhetoric of the place. (38:29)

Fantastic

Yeah

Ok. OK, um … is there anything you might have done differently, in the pa…, you know, kind of thinking about it now?

Probably (laughs) probably everything! Um yeah, I'm, this was, the only thing is that this was, um, October, between, the work took place between uh, November, first of November, and the um, the uh and Christmas. And so I wanted to make sure that I uh organised my thinking about competition in the family around Thanksgiving, what are we thankful for, and what are we not thankful for. And the things that we're not thankful for, can we better those so that they might become resources for Thanksgiving? And how do we show that to each other? When you are thankful for something or you feel good about something, how do you let the other person know it? So in the Crayola's thing, when the Crayola came up I challenged her to ask and then I made a big deal of it when it occurred. 'She might surprise you.' And then when Christmas came how they were thinking about it as a family, what were you going to give so and so, how do you know that so and so needs that or would appreciate

that. Let's think about this gift giving and how can you all give yourself a gift at the same time as you give other people a gift and

Right

So

OK

(unintelligible) that sort of thing.

OK. So what do you think, in terms of systemic thinking, family therapy thinking, what theoretical ideas were uppermost for you?

Mmm hmm. The ideas of reflexivity, the ideas of reciprocity, of reciprocal influences, uh were influencing me. The idea of the holiday, how does the holiday idea, Thanksgiving, Christmas, get into the room. And their practice being connected with the commercialism that goes outside the room, that they're hearing on television, and what you should. 'Radio Shack thinks you should do this, what do you think? That's what Radio Shack thinks what do you think?' And I think about it because they were um a religious family I also asked them 'what are you gonna do with this uh uh uh in terms of your faith? How does your faith help you to think about these things?' So I tried to find out what it means to them and bring their meaning into the room.

Right

And uh so, in that, in making connections

That would

Which I think is systemic, and making those connections circular. If they receive, what do they want to give or respond to?

(slight pause) Ok, good! I'm sorry I a little bit distracted by the recording. (checking it is recording) OK um Ok so we're more or less, we're more or less

There's some other things about systemic thinking, and that is the idea of novelty, or serendipity. And that is when connections are made, and sometimes connections are made intentionally and sometimes they are made spontaneously and those external uh uh connections also have an internal impact. And the furniture inner, the inward furniture moves around so with a new configuration. So just like what I said to you, what just happened? When you smiled and when I noticed that, ok so noticing

is a part of this and then to ask the question and when things move around, what might that mean? Even minute behaviour, what might that mean? Because that becomes a might, a resource. And so IT IS AN EMERGENCE (said emphatically). And so part of systemic thinking in my way of thinking is that if there is any emergence, then that changes the configuration of other things. 'Cause now we have to take it into account and by taking the new, now noticed thing into account changes things. And so to become aware that and people name that in many many many different ways. Um some people refer to the idea of 'spirit'. I don't know what that means to them, but I try to understand them. How do you know that some of what, 'because it makes me feel different'. Ok so what do you, where do you notice the difference in your body? And the person might say 'well I begin to smile' or 'I begin to feel more optimistic.' OK. 'Who notices when you feel that way, optimistic?' and if sometimes if I notice I say, 'I think I see a smile there…(teasingly) do I see it?' So humour and playfulness become

Yeah

Uh a part of this. And *that* changes the tenor, the tone of therapy. And uh sometimes people will say, 'oh, my god, is it already time to, to leave?' and I said 'mmm we can continue next week. Next week we can continue.'

Good.

(laughs)

Thank you. Ok, great we can derole these figures so they are not these people any more.

What are they then? (Playfully)

They're they're just what they are: this is a toadstool, (both laugh) of some kind. Yeah.

And this on the bottom of this,

yeah

this is a little part of it.

Yes

This is

Blu tac!

Blu tac! You know where I got it from.

No

I got it from the UK!

Well there you go! (both giggle) Oh can you not get blu tac here?

No

(shuffling) That's ok… OK and um. So I just wanted to ask you a little bit about the process of doing this.

(laughs) it's gotta be fun!

Yeah

Because if I'm not having fun, the clients are not having fun either.

Ok

(laughs) [I have removed 43 lines of transcript which were a digression into another case and not relevant to this discussion]

Yeah, yeah (laughs). OK And what's the process like *this*, this then like, doing the interview with me.

Oh you mean like

Yeah

reflecting,

yeah

meta-reflection?

Yes, yes,

Um good! I I like talking about therapy. I like talking about my work. Uh I like talking about with other therapists about it.

Mmm

I don't do that a lot. And in my setting, my colleagues are not therapists.

Ah.

They have very little understanding of the clinical. They are, I think for the most part, psychologically limited. I mean 'psychology is what I think

in my head.' Its not relational, its not systemic, its not um. And they confuse, I think, uh, they may use uh psychobabble but they don't know what they're talking about. And psychological issues like depression are usually internal things, its not a relational thing. But you get because of some thing's going on!

Yes

And they are not there. So uh,

Ok. Did it help, did it…. As a result of our conversation have you shifted in any way with seeing anything slightly different? Or is there

You mean do you still think that I'm mad at you? I'm not mad at you.

Ok.

I'm not mad at you.

No uh no uh I'm talking about (more animated) I'm talking about this, and we'll come to that

Yeah

(talking together) But I was talking about this actually, doing , using you know just kinda doing in the reflective way did you, did anything else fall into place or did you, you know, did things shift at all?

I think, I think uh I think what happens is that when I begin to uh talk about therapy and my work I feel the excitement about it. And it tells me that I'm still interested in and excited about being a therapist.

Yeah yeah.

Uh, this is uh, I've been a therapist, I became a therapist professionally uh in 1968.

Wow

So I've been at it for a while and I have been through many changes and I've seen different generations of issues. And when I first started out, I think I shared this with you, I was working with uh young couples or people who were thinking about connecting. Now I'm working at the other end of the more at the other end of the uh continuum. I still continue to do marriages and so I require premarital counselling. So I still work at the early end of things. And a part of my pre-marital work is that I, I say to couples I like to see, I'd like to see you a year after you've

had. So let's make an appointment and I'll leave it up to you to check in. and this is just to see how things are going and what needs to be tuned or fine-tuned or whatever. And I also do uh funerals. And so I work with people at the other end of things, around the grief, death, dying, hospitalisation, things like that. And of course then with the marital, like I'm doing, that's you see people in between. So part of the therapeutic for me is that I think that clergy, if they have their heads screwed on correctly, work at both ends of the continuum. And they see people throughout and at times of celebration, of weddings, of funerals and um graduations, promotions, moving, a job change, moving from this community to another, issues of termination. Uh I think that if uh clergy are aware and train that they can pay attention and give good… And they can co-operate with other therapists. Because sometimes those other therapists, some people come to see me are other therapists,

Yeah sure

And so um if I don't know from diddly, then I can't be helpful.

Yeah, yeah, I was just thinking about how that relates to what therapists do and I mean I certainly see people across the life cycle. But I don't have the same sort of *celebratory* connection with them of the you know the transitional stages. I'm not there at the baptism, or the funeral or the you know

Unless, the clergy knew that you were an important part of it, had involved you in that

Yeah

bit of the ceremony,

yeah

and if you felt that you could do that without losing objectivity or something.

Yeah, yeah.

And I don't think anyway (both talk together)

And I don't (something) for that long, well any way because you know there isn't the community in therapy that there is the clergy so…

Well thank you very very very much. Anything else? Any other questions you want to ask me or? About anything?

Transcription of doctorate interview, February 2011

T2

This was both audio and video taped. Small world figures were set up prior to interview. Interview took place at IFT.

Project explained and consent form signed.

My interest in how family therapists, and I'm particularly interested in how family therapists who have not had another formal training, use action in their work and um ... we're gonna record the whole thing and the think I notice most about these recordings is how much I say 'um' (laughter). So we're gonna record the whole thing, I've got the action figures here to use but we won't use those until later in the session, unless you particularly want to use them.

And one of the things I was asked about when I did my ethics proposal was the difference between action and action methods. And I guess what I think of as 'action methods' are the techniques or special um procedures that people use, like I've got the Attachment Communication Technique as an action method that I use.

Ok

And I just think of action when you sort of feel a need to move people around in the room or do something different or burst into song, (laughter) or be more spontaneous if you like. The things that people do.

OK so that's my distinction between these two things, but you don't have to have that distinction at all.

I haven't even thought about the distinction.

OK, well, let's start the interview then. Can you tell me a little bit about your background and your interest in using action in therapy. And I will ask some more specific questions in a minute.

Ok and when you say my background are you talking about ...

Whatever you want to tell me.

Oh, ok, I'm gonna stay with my professional background. In work, I'm a social worker. Um and then went on to train as a family therapist. Um I think my training at KCC had made me very aware that I could use other medium, other media. That I didn't only have to talk. Because whenever we learned anything we were encouraged to use lots of things and what sticks in my head

is certainly um John, when I started to also go on to learn to teach said, 'you should be able to use anything that's in the room, anything that you see whether its magazines (something) anything, you should be able to use. And I think I just got um very used to the people around me doing that. Including Peter. Peter Lang. So it just seemed 'that's what you do.'

Um and professional history is social work and you trained as a family therapist after social work training but you don't work as a social worker now, is that right?

No I don't. The difference, I know a lot of people go from one to the other but I think I was a social worker for about oh, 15 years or so before I trained. Was it 15? It was a while! But maybe not as long as 15. I think I qualified as a social worker about 83, and qualified as a family therapist in 93. So there was a bit of time in between.

OK, have you ever attended any CPD or any short courses on action or action methods?

No. Sorry, not really.

No, that's good. So how do you, I mean I've told you briefly about how I define action and action methods. So I'm just wondering how you think about action, how you define it.

I don't make a distinction um, I just think its different ways of having conversations. So I've never made a distinction, I've heard people call it action and action methods and so on, but I never thought of a distinction. Its just you're having a conversation and you are using different ways to enable the conversations, that's how I think of it. so if I need to use the, can I call them 'metaphors'?

You can call them whatever you like. (both chuckle)

If I choose to use metaphors it's just another way of bringing a different conversation into the room in a way that people might find easier than using words alone.

In general, what theoretical, theoretical concepts and connections do you associate with using action in therapy.

Gosh, that's difficult. Um...

Take your time cos, you know.

The reason it's difficult is because I'm thinking the hat I wear when I work is one of a systemic social constructionist and I'm thinking 'what are we

making here?' 'what do we want to make here?' how will this help us make what we want to make?' 'what stories do I want to help you bring forth?' so those are the thoughts that kind of guide me. And sometimes when I'm working with someone I'm thinking 'I'm hearing now we need to see it.' so what can I use to see it?

What can I use for me to see it and for you to see it and if you saw it what difference would it make? So those are the sorts of thoughts that I tend to work with.

So what's behind the, going into it a little more deeply, what's behind the 'we need to see it'?

I think if I'm going to understand your meaning, because your words might have a meaning that I don't understand, if we are going to together, see if I'm understanding and I'm being helpful, then I need to see what you're seeing in a way that I can ask questions about it. If that makes sense.

Yeah, that makes sense.

So would it help to give an example?

I'm going to ask you for an example.

Ok. I'm trying very hard to (something)

Yeah, I want to kind of stick with what's theoretical and then go into the

Ok

Go into the more physical in action.

Ok, ok.

Um ... and I'm wondering how those skills were covered in your family therapy training? You said a little bit about it before.

Mhmm.

And I'm wondering how you developed those skills?

I'm not sure if they were really covered in the training. I think it was more the ideas that made me think it was ok to do it. um I think the ideas and the reading that we had. So you read for instance Michael White. Which has a, had a huge bearing on me, and I thought, 'OK, play doh, play with it, get my family to play with it, with me telling them what to do. And so I, trying it out with with that. Or I think of how I used to teach my, my son. I used to teach him using things that he could see. So that I, it's just kinda thinking, it's just

a different level, or getting um, to what's going on or reaching an understanding. So to me, although we didn't, we didn't physically learn to do, use this and learn to use that, we were always encouraged to. And I think, I remember one of my, when I was training, I remember one of the trainees I was working with who had been a teacher and we had quite a, it was it was, we were only third years and it was quite a difficult case with a child pulling her hair out. And she talked with her and I think, I can't remember all the details, but what I do remember is us then doing a certificate for her, because she'd done so well. And us writing and deciding what kind of certificate, what it would show, what it should look like, what to do it on, all those things. And then presenting the certificate and doing the ceremony um for her.

And that was, that wasn't during the Michael White time, because I think Michael White we learnt about and we, he must've been around I'm sure, but we weren't really engaged with his ideas at that time.

So it was pre, pre Michael White.

In our thinking

Yes,

He was around but

Yes, yes, but before you knew

Yeah

About him.

Yeah.

Ok, and when you said that you spent time thinking about what the certificate should look like and what

Mmm

It should be like. And you did that with the client? Or

No, no we do that as a team

As a team

...Um just just kinda thinking through our ideas.

Right, ok,

Yeah,

It does spark off lots of thoughts in me as well, about things, you know in my training too, that I did and Um, ok. So can we describe or can you describe an episode where you have used action, or an action method, in your work.

Mmm

As we said before if you give me a brief, verbal description, that would be good. And we can...

I, uh, let me try this one because it keeps coming back and it was with a woman who'd come along to see me. She was, I think she described herself as Anglo-Indian. Her mum was white and her dad was Indian but she didn't know him, cos he was married and went back to India so her mum brought her up with her step-father. And at the time she came to see me I think her step-father had died and that had released a lot of things for her because it hadn't been a nice relationship and there'd been um violence, and sexual violence and all sorts of things. And she couldn't understand why she was.. No it wasn't that her dad had died it was that her husband was having an affair. But her dad had also, her step-dad had also died. But it was her husband having an affair that brought her along.

And we started talking, oh I'm, I might be getting muddled. No, it was her dad, not her husband. Sorry,

That's ok.

The reason I'm like that is I'm remembering she came at different times. She came first when her dad had died. And then later on when her husband was having the affair. But when her dad died a lot of stuff came up for her that she didn't know who she was. When her step-dad died, not her dad, she didn't really know who she was. So we started off by doing stuff um around, I was using the daisy model, to just get her to look at the many people she was and we used that idea to then look at, to do some scaling work to look at when she was this and when she was that and and so on. But what that led us on to do was to use the stones. So there was a sequence of things that we used that brought out different aspects of the story. And that also saw her beginning to embrace different aspects of herself. Um because part of it was embedded in race and not to be seen. And so although she looked, you could see, that she was Anglo-Indian, or Indian, um and most people might say Indian, she, and she was married to an Englishman from Newcastle, and she'd grown up English and so on, and she had a brother who was English so they looked different. And they didn't get on. So there was a whole story about 'who am I in this family?' going on.

And so using the, I don't know why I didn't use dolls or anything, and I'm not sure why. But I think I wanted to help her look at the many selves that she was.

Ok, ok. So using these small world figures that we've got here, the 'metaphors' as you call them. Can you choose something to represent her and her many selves maybe.

Huh. (examines small world figures)

And other family members and and obviously other important people in the network.

... I'm just tossing up between this one and this one.

They're the same (medieval combatant figures)

Ah

They're not the same quite, but they, that's fine. One's got an axe and one's got a mace.

(Talking together) they're similar.

Ah (both chuckle). Um, I'm not sure which, but it's something about defending herself and defending others so it'll be one or the other. I'm not sure if she wants to defend ... to kill, so maybe I'll use that.

OK and maybe should get against what is she defending. You said 'many selves' Are there other selves that were coming through behind.

... I think there are many selves but one of the things she wa.., one of the dominant stories if you like was defending, defending her mum against her step father.

Can you choose something to represent her mother.

..... I'm choosing that because she looks half blind. And and I say half because one her mother seemed to have a lot of knowledge and so when she was also blind to some of the things that was happening to her daughter at the time and even later. Um and one eye is covered over with a patch. So I think that might well .. be her mother.

Hmm

....cause I think her mother kind of expected her to half mother her. So when things are going wrong in *her* relationship she was the one she'd come to. But when things were going on for her, she was brought up in somewhere like

Norwich or Ipswich or somewhere like that. And would have been the only child of colour around. So for her that if things are happening that her mother just didn't know about. And she couldn't tell her about because, it didn't happen with her brother, who she was supposed to protect. Her mother, who she was supposed to protect, um.

So can you choose something for her brother?

I don't really know her brother at all. Um, I'll choose that because he he very rarely came into our conversations. And the reason I'm choosing that he seems as though on one level he seems quite vulnerable but also knowing that someone will look after him and he doesn't have to worry.

Right. So he's sticking himself out there. And what about the, you said she had many selves, I'm just stuck with that many selves thing.

Many selves... well she was, she was a real hard worker. She was a social worker and she was a trainer and she was out there just working and looking after the children, looking after her husband. She was, if you had something with many hands .. that would be her. She was just doing everything it seemed. I think that's that's (Chip talking indistinctly) my impression of her. (Chip looks in the bag for more figures.)

It doesn't have many hands but it has ... (shuffling noises)

Its always difficult to choose.

That's what I was thinking of (finds figure) its not quite right but it has lots of tentacles.

Tentacles, yeah.... That might be, because she was just.. and its protective, a helmet. She was just out there, she was just doing everything and it seems that everyone expected her to and she expected herself to.

Right. And yourself. Where would you put yourself in this (shuffling noises)

Hmmm, where would I put myself? ... I, hmmm, my experience of me then was really trying to get some of those stories on the table. So that she could look at them and look at the connection between them. Look at when they emerged into her life. Look at when some of those selves had to disappear and did she want them to be disappearing or did she want them more in the foreground? So .. I think .. if I was to describe my role (chuckles) it was really to get as many of those out into the open. And that's in a sense why the daisy seemed really useful. And if I'd had my metaphors at the time, because I hadn't developed them to the extent that I have now, I'd have asked her to do something very similar to what you are doing.

Ahh (loud) OK, ok, that's interesting, that's interesting. But can you find yourself in there?

Can I find myself? Oh, (chuckles) ..... oooh... I don't know. I'm looking at this. And the reason I'm looking at that is it seems to me, I'm not sure what he is, but he seems very curious: looking around and what's going on, and...

Ok – and you put yourself right in the middle there.

Um... I don't know whether that was symmetry, a sort of symmetry I've got that need to have. Or not. ... yeah, it feels ok there.

It feels ok . **mmm** and if you were, now you keep mentioning these many selves so we've got the self that feels that feels that it's got to, this protective self that has to protect everybody,

Mmm

And we've got the self that has to do everything – all the hands. **Mmm** what were the other selves that were there that were not being visible?

I think there was a fearful (??) self. Um I think there was very much a professional self: she worked in child protection. 'I get out there and I work'. Um

A fearful self and a professional self. **Yah,** is that the professional self or is that more than the professional self: having to do other things.

This is more than the professional self. This is the self doing, looking after the home because she describes herself as 'the home keeper'. Um looking out for her daughter. I suppose that's part of that self.

Can you find things that might represent that: looking out. So there's the professional self looking out for her daughter..

I think I want something warm and cuddly for her children and that looks the warmest and cuddliest because particularly her daughter, she was, she was wanting, she was warm and cuddly to her but she was also very aware that as a girl she had to learn to stand up for herself. So when the affair happened part of her task was helping her daughter forgive her father so that she'd keep her relationship with him but also know that men um, you have to be independent from men. She she got quite upset that her daughter just took her apart without um, although her daughter had a good relationship with her dad, her daughter kind of like didn't want to know her dad. So part of her task then was to help her dad appre, her daughter appreciate her dad as a father. Rather than as her husband.

And and does he need to be in there, father?

Do you know what? For me he was always a kind of shadowy figure because when she came and as she started changing, I mean in part he kind of gave up for the explanation of the affair. Um so we'd have conversations about well, how much of what we'd talked about have you shared with S (husband)? How did you do that? What was he interested in? I'm curious about that. So we'd have those conversations as she went on but because I wanted her to be aware that people would notice her changing as she begun to choose to give up some parts cause she'd wanted him much more involved with the children. And to do certain things because she felt she was just carrying it all, she was so competent. So she wanted more involvement and she did those things in very nice ways and he was quite happy to do it. But also it meant she was changing in the way she spoke about things, the way she did things. Um and

So when, if you could put him in as a shadowy figure, where would you put him?

(Laughs) Huh, as a shadowy figure, probably somewhere there looking over or over looking I'm not sure.

Ok , are there other parts of self. So you've got the self that protects everybody, you've got the self that uh has all the hands, you've got the bit that protects the daughter, that's not the daughter it's the part that protects the daughter

The children,

And then the children

Yeah,

Ok, um, and then you've got the mother and the brother in there. Do you need, I mean these are parts of *her* **yeah** do you need to put her daughter in there as a separate part?

Hmm, ... do I need her daughter in? ....I think maybe ...her daughter (something) (moves an object) sorry,

This one doesn't want to stand up.

..... might be ...

Ok.. and right in front of her and next to you. **Yeah.** And why, why there?

Why in front of her? Because of the relationship they have, and I, I'm thinking this elephant looks really trusting of, trusting of mum. Um and

knowing that mum is the person to turn to. Right **and I think that's the kind of relationship she was striving for and I think making with her daughter.**

so do you think that the daughter would have related more to this mum or this mum? This part of mum?

... Mmm. I think she would relate to both. I really think she'd relate to both.

So if you were to reverse roles with the daughter here, in your mind's eye, and just put your finger on , on this guy. And what would your message be to the mother in that role and mother in that role?

...What would my message be to the mother?

As the daughter, yeah.

..... I don't know, I think, looking at that elephant I think ... she is .. asking or begging... maybe for mum to put down, take down, some of that so she could see her. And I think this mum did do that. But its making me wonder how often she saw that.. the the the kind of 'I'm dressed for battle' ... that's what its making me wonder about.

And what's your wondering? Do you think she saw it a lot or not enough, or a little? Do you think she saw it too much?

I think she saw it a lot... I don't know whether too much.. um because when we talked she talked of quite a –how old was she then ... oh, she might have been 9 or 10. And she talked about a girl who was quite understanding of a lot of things but also a girl that was quite wanting to be babied as well, you know? And I think, I I I don't know, I wondered because of her own experience of having to be quite grown up, wanting her daughter not to be as grown up but wanting her to (something) something off. What its like. I don't know, don't know.

Ok so what would the message be from that girl to that, that mother whose so armed?

...let me in? (laughs)

And the one, the message to here? The...

...**um, that feels much better, that really feels much better um you know kinda warm and cuddly and 'pick me up', 'hold me'. . that feels much better than there. And that's probably much more about the relationship I saw... more often.**

And is this ok with you, going on like this?

Yeah.. yeah yeah. Its making me think about (oh good (chuckles)) **about her. I haven't worked with her for a while.**

And it was individual therapy not

I never met the third husband. I did, the husband was having individual therapy, eventually. She wanted couples therapy but couldn't persuade him to do. And I did suggest that they did couples therapy, not with me but somewhere else. So I don't know if they went on to do that but I did think it would, they would find it useful.

Right, ok. What do you think the uh the main concern was then of the therapy.

.. I think really it was about knowing herself and really think it was about knowing herself. Um that's not what she came and said but a lot of things, it felt like she didn't know who she could be. Um she had gone to her father's birthplace and all she had seen was his grave. Cos he'd died by then. Um she had lots of questions for her mum about this man she'd married in, when he'd come over from India for a short while. She had lots of questions about her, her grandparents, her mother's parents who lived in Bristol and who she'd lived with until she was about I think 6 or 7, and then her mother carted her all the way over to Norfolk or Ipswich or wherever it was, to to grow up. And broke that relationship. So she really didn't know who she was, um and so she, for her life was constant working at finding out that, constantly working to prove that she was able and capable and competent and all those things. She's like one man, I don't know, *everything*. Or a one woman..

Um so what other, other, its also the idea about there being 'a' 'self' to discover rather than the many selves which is sort of what you put out here with the number of selves. Um where did, where where were you in it? I see you looking at the brother here and feeling a bit prickly (both chuckle).

I don't know why I'm looking at him. Um I think that I'm where, where am i? Where was I in that? ..... mmm....I'm not sure, I'm not sure that I can answer that.

Um I guess I'm wondering what parts of yourself you brought to this. You brought the open curious part. Were there other parts of yourself that were (something).

I think for me when I'm working with clients, there's always this uh a kind of .. excitement around. Can I help them create something that fits for them but is different, that they haven't thought of before. How can I open up, and maybe that's what the curiosity is about. How can I open this up in a way,

does it matter if I don't know, as long as they know. Do you know what I mean? So for me its always, how am I gonna make a difference? And making a difference for me is about them seeing something they hadn't seen before. Because I'm not gonna know, on one level I'm not gonna know if its a difference. I see her different then and I saw a different her, it kinda brought back some joy and some playfulness into her life which is what she wanted. Um she's tremendously loyal.

Which part of her was that?

I think the part that said 'actually I don't have to be working so hard, actually I like myself'. Um

Is there something that might represent that part of her?

...it's gotta be a fun sort of thing. Um and I don't know if it might be that (chooses object) because 'I'm going places and I like where I'm going.'

And where would you put it in relation to these other things then.

(chuckling) well its very big. It's kinda going round

Its going round and round (excited)!

It's not actually standing still, its buzzy.

Oh right – and what is it going around? Is there anything that its excluding? Or is it including everything?

Well, when I last saw her it wasn't excluding things, but it was actually taking off and doing things for herself, once she'd, the last time I'd seen her she'd run the, was it the 13, no it was a 5k and she was going to be running a 13k. Um she was getting her friends as well as her family to come and watch her do the runs. She was thinking about whether to, she works independently, but she'd also had an offer of a job for, that was at quite a high level in a social services department. She'd been doing different work and they said, well we've got this vacancy so why don't you come and take it on, and she was going places in many senses of the word. But she was also mending her relationship with her husband. Um at the time. And trying it out, being quite carefully free in that relationship and so there were lots of things happening and the sense that she could do things that she wanted to rather than things that she had to, or that she thought she had to. The story was she had to. So we looked at how and at that point we did use the stones to look at the different relationships she did have with her husband and the different people she was, so choosing different kinds of stones, different shapes and so on, for which um kind of person she was in this relationship

with her husband. So we, it was quite handy (talking together) um. It was quite useful for her because then she could decide what she, which side she wanted to grow and which not. And what impact that would have on him and how she would talk with him about it. So it kinda brought it much more into there, but in a concrete way.

Right, ok. Can you remember the use of the stones?

Not in any detail, not in any detail.

Yes, it's interesting that isn't it, because I know I always remember the ones that I've done myself but I can't remember the ones clients have done particularly. People will say to me, 'oh I remember when I did that drama with you.' And I can't remember it. (Talking together) um, .. so if you could give this, I mean I'm just ad libbing now, so, um , .. if you could give this a title.

Oh, (chuckles) what would I call it? it seems to me to be some kind of drama. ... yes..(both chuckle) **Exactly (talking together)**

Is it a comedy or a tragedy? Or what kind of a drama? I guess if it's a drama it wouldn't be a comedy, would it.

Doesn't feel like a comedy. .. doesn't feel like a thriller.(No) **um probably more a kitchen sink drama.**

Right, right ok

Um and the reason I say that, I often think of those as very mundane, because they are part of you dealing with life and then opening up certain things and looking at them and then either .. not liking what you are seeing and thinking about 'what am I gonna do about it' or not liking what you are seeing and doing more about you feeling good about it. One way or the other they lead you to do different things. ..

And what would be um

To my mind it's those very common place, very dull, but you know that within it there isn't, there isn't, life isn't dull. Life is kind of waiting, you're waiting to move away from the kitchen sink.

Is that the title then? 'Waiting **to move away from the kitchen sink'**? (said together). Both chuckle)

What would you give it as a title then?

I like that title, 'waiting to move away from the kitchen sink'. Or 'moving away from the kitchen sink.' Because I think when she came she was moving

away from it. She was trying to find, because, I don't know whether that's what kitchen sink dramas are, that's what kitchen sink dramas are for me.

I've never heard the term before.

Oh, ok. Ok I thought everyone knew and knew what it meant but

Well when you said it I sort of know what it means but I've never actually heard the term before.

Makes me think I must ask other people what they think kitchen sink drama means.

(returning to the sculpt) What were your um, ... at the time, you know, when you crea, when this was happening. I mean are you happy with the position that your figure is in right now, or do you want to change that?

Hmm let me see. .. I actually think that its not static. It feels like it's like that, and sometimes it stops at different places .. That's what I think. I don't think it's static.

Ok so can you say anything more explicit about your beliefs as a therapist at that time. You've said what you aims were, but what were your beliefs as a therapist about this piece of work.

My beliefs..... (10 secs.) I think some of the things I was probably thinking about was what was it like to be a mixed race person, with people interacting with people around you, who were obviously not. How did you manage that? I mean her children were, because of course they are part of that relationship. But she'd grown up in a situation where it wasn't. (42:25) and I didn't know if she felt she could talk it. And who could listen to it. I couldn't know whether she thought she had to dismiss it um in order to get on, so part, I think of that, and that's why it was, I thought it was very much around her identity. Um part of it was thinking about, for me, thinking about what happens to people who are interacting with other people where they are not necessarily getting one part, or one aspect of themselves validated and legitimated. You know? And some of our conversations were how she might do that with her mum, and how she might do that with her husband.

So was there a non-white part of her or a black part of her or a 'person of colour' part of her that uh needs to be represented here as well?

I think that that part was invisible. Even as we worked. It was just that 'I went to see my father's grave *in* India' um I don't even think she met his family or anything. And I think she got the information so she got to the grave, from her mum. So it was kind of like that part of her was invisible.

And I'm not sure what it would have meant for her to make it more visible. Because even in the working, it was, in our working together, it was although she acknowledged it, she didn't necessarily want to look at it in any depth.

How did she get to you?

(secs) ooo. (secs) I'm not really sure.

What was the context of the therapy? Was it private?

It was private. Do you know I'm not sure. She must've got my name from someone and got in touch. But I'm not absolutely sure.

And I guess, how did you address your otherness with her is something else I'm curious about as we are talking. It is raising it. Do you need to put your otherness in?

I don't think I raised it with her. Um, my otherness to her?

Yeah

Yeah. I don't think we had a conversation about it at all.

Ok and what's your thoughts about that now?

Didn't, it didn't seem relevant at the time and I'm thinking to myself, it might have been. I think part of why I did the daisy was to see if it would come out. um and I think, and I can't remember whether any of it came out in the daisy. I really can't remember. And I can't remember whether she took the daisy away with her. Because I don't think I've still got it. Now this is making me want to go back and look! Um, so I'm not sure. It's interesting. I had no idea how, um I'm not sure.

Can you then choose something for your otherness?

(7 secs) I'm not sure because I'm not sure what otherness I would want, what, what (6 secs) I'm not sure. I, I do think um um I don't know. I have a belief that it was important to her that I was black. I have a belief it was but I don't know why.

Can you, can you make that belief concrete?

And I don't know how. And I guess the only thing that would make it for me is this. (chooses a figure- native American?).

And what does that um

I'm thinking because when I looked at that over there I was aware. What I thought of was the healer in him. And also that you're allowed to be a healer and call yourself that in this tradition. I don't think, maybe you are allowed to or I recognise it more in that tradition than I do in, or if if there was a black one there, not a red Indian one, Native American, Native American. And they don't even call themselves native American now do they? They are called something else.

Yes, and I can't remember what it is either, but in know there is …mm

So I'm thinking that that would be probably what I'd choose, because I think she had to be able to see me as being helpful. Because our sessions were very easy. We were touching on really really difficult things, but our sessions were really easy and she'd go away and do a lot of thinking and then come back. And it felt like all the time we were working together. We were working together, yeah?

Mmm

Even if I introduced strange ideas she would take them away and work with them and come back and tell me what she thought about them. So I got the sense that she was really um trusting that I could be helpful to her. Uh huh.

And so what would you call that that role? You said something about the healer. What kind of healer?

Well the medicine man is what I'm thinking . so it isn't all um learnt in terms of (3 secs) the kind of academic learning. But it's a learning that comes from somewhere else. And that's how I like to think of myself. Its not all academic learning.

Sure

But I think (3 secs) I think she, or maybe its me and wishful thinking, I think she might, if I was to ask her, it'd be an interesting question to ask her, if we ever meet again. I think she might recognise

The medicine man

Yeahhh, I'd like to think she'd recognise the medicine man (giggles)

Does the medicine man have a message for the the curious little ….

I think it would be that 'we work together very nicely!' (both laugh)

So if you were to, ok. So if there was a point in time at which this was um (2 sec) created **yeah** if you like, um. And was that the end of the therapy when you saw her, when this (medicine man) came into being?

Yeah. That came into being around about the end of the therapy. It was interesting because (stumble) both times the therapy faded. It faded that time and I thought – it didn't end neatly in terms of not, it faded the first time and then she got back in touch with me and then we did another bit of work and it faded. And I thought to myself well you know what, I could get in touch with her, but I'll leave it because it felt ok. It felt like and I, I could tell when, imagine you are coming down the steps and she was coming down, by the time we were working towards the end she was coming down with a bounce. So I knew that things had changed.

What did the bounce mean to you? If the bounce had a voice what would the bounce be saying? (both laugh)

'I like my life, I'm liking my life' you know 'I'm feeling good about me in my life'. And it was that sort of bounce that was coming and that's why I thought that would be…

At the very beginning you said, 'I'll tell you about this one because it keeps coming back'. What did you mean?

Um, no when I was thinking who shall I talk about, she was the one that came into my mind. And although she wasn't the most recent person I'd worked with, cause there could be lots competing, where I work with these ideas, but some she kept saying 'I want you to talk about me.' (chuckles) I don't know why. It will be interesting to see if she's going to be getting in touch with me soon, oh, **because it was very clear 'I want you to talk about me.'**

(quietly) It's interesting isn't it. So. Um can I just ask you um (6secs). I think we are finished with this.

Mmm. I was really, it was really good.

That's what I'd like, is a little bit of reflection on what was good about it or what it was like really.

Its interesting because, I use these with other people (small world objects) and I've never had it used with me (chuckles) and its remarkable how hard it is to choose something. But what it did do was get me thinking outside of the box quite a lot. And its made me think of her differently. So if she comes back I'd be quite excited to work with her again.

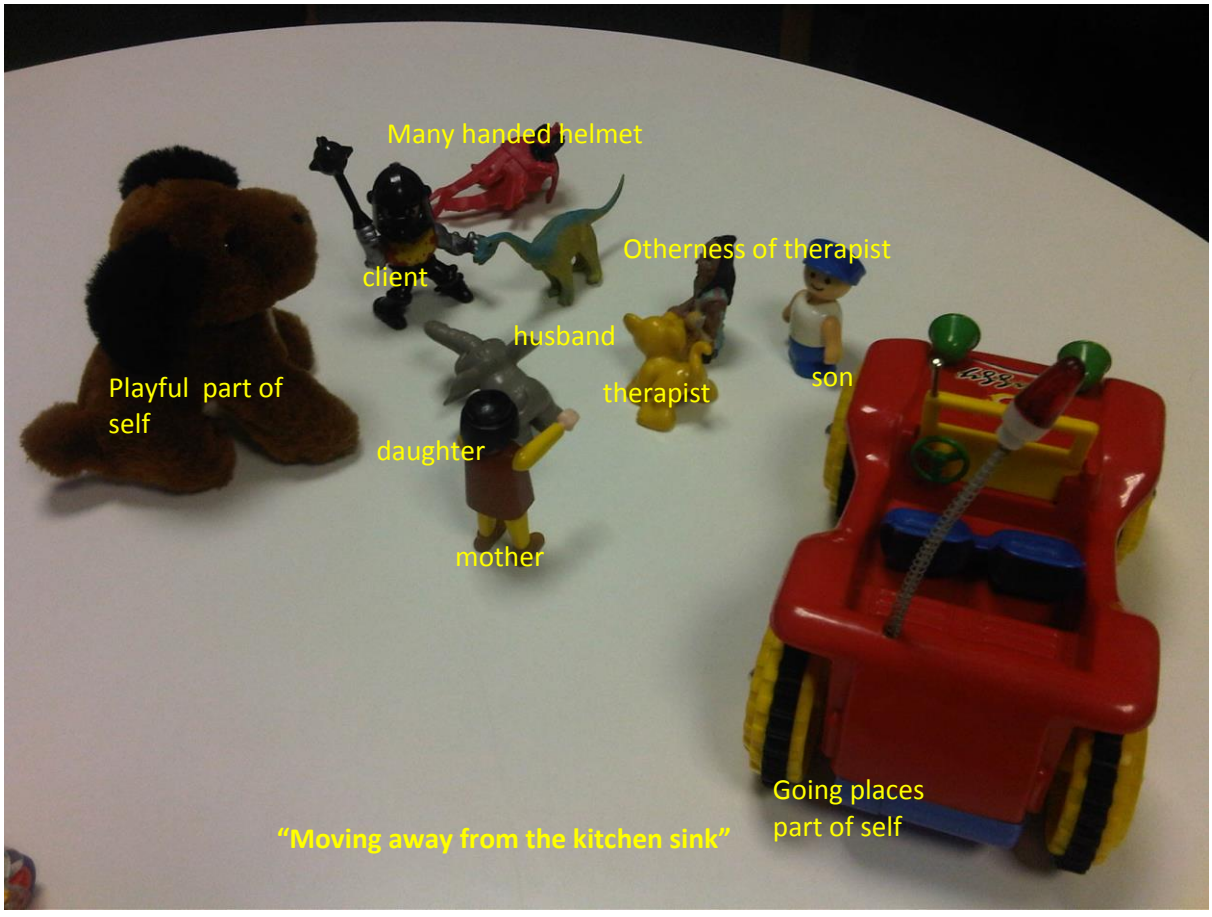
Well can you say what the difference is?

In?

Thinking of her.

Well what I'm now thinking of where she got to and the idea I have about her. I don't know whether its true or not but that's the idea. So it makes me wonder if she comes, whether I'll see that or whether I'll see something else. What will I see? Its also making me think quite a lot about, I hadn't thought about her all armoured up. Its only when you said choose it and I kept coming and I'm thinking well actually she is. So in using that as a metaphor to think about where she is and what I might introduce in my thinking, because I don't know whether she was more like that or she showed me more of that and she's shown me more of this. So I'm very curious about what she'd show me if she chooses to come back again. So yeah, and whether he will kinda be there or there. Cause its like I'll be hunting where will he be? So yes, its got me all curious.

Great. Well thank you very much. I want to take a picture of it, can I? (negotiate to use my phone)



And if you could send it to me that would be great. Because if she comes back that would be great. I might even share with her this conversation.

I will. (muttering with camera)

Any questions for me?

No, I just enjoyed it!

Oh good! It made me realise that maybe I need some more positive pieces. I like Smurf and Smurfette, I think they are quite positive, but maybe I need more positive figures and some more figures of people of colour, maybe.

Mmm do you know what? I'm forever looking for different ones to build. I think you've got some lovely ones. How did you choose which ones to put in the bag?

It is hard because you need enough of a collection to make it meaningful, but at the same time you don't want to *flood* as well.

Yeah

I've got another dinosaur I want to put in as well. (discussion about the figures)

Did it go the way you'd thought, hoped, wished for?

Not exactly, but that's alright and that's what you're looking for isn't it? I was uh, what I meant to do and I didn't do it, which is interesting, which is I meant to go to the point in the therapy when you used the action method. And to get that enacted. **Ok.** but actually what I did, because you said there were many selves, I thought 'aha well we've got to get the different different selves out of here, out here.' So I shoved it in a different direction rather than doing what was on my piece of paper so I'm not quite sure what's gonna happen.

Actually that would have been harder for me to do because I wouldn't have been able to recall it.

The stones or whatever.

Yeah, Difficult for me to recreate. And I didn't keep pictures, didn't do anything so it finished, it went.

Well its making me mindful that when I was thinking about the project, about doing it, I was thinking around doing it with a family. If the family would have different uh roles and expectations **(yeah)** in the moment, that we might be able to explore. This was perfect, it was lovely, it was absolutely really helpful and uh its given me a lot of food for thought. So I can't wait to get into the transcript.

What methodology are you using?

Well I'm wondering. There are two things, either role analysis from psychodrama. **ahh** Which is what's the context, and then what are the thinking, feelings and behaviours of the person, and what are the consequences of those. And also to map that somehow on to CMM, but I'm lost a bit.

If you want we could talk about that afterwards because there are many points at which you can, and it depends on what you want CMM to do for you, how do you want CMM to elaborate what you are finding, which bits of CMM.

Ooohhh I don't know! I don't even know the questions! I'm glad this is still running because it will help me to focus. Um. What do you mean, what do I want CMM to do for me?

Well,

What are my options? (laughs)

I'm thinking , as you used words, you talked about meaning, feeling, meaning, action, and consequences. And even if you just took that and looked at that using those ideas from CMM um because what you might be looking at is feelings and how is it, um. Or what can I, if if I'm thinking about feelings and thinking what kind of cultural stories might that be attached to? What would inform the action because if you're thinking that we do, we don't do things, or feelings aren't intrinsic, they are connected to culture stories, all sorts of stories that say 'I can do this in this way'. So I'm thinking to myself, well if you are looking at feeling, meaning, action, does that take you into um what Chris Oliver looks at, those kind of different double binds.

Yep. I, I, (stumbling) the strange loop stuff.

Strange loops

I've got her book. I don't know if this is related but I know what came across for me in the conversation we were having and I'll have to pinpoint it when I do the transcript was something about Bateson's ideas about *mind* being much bigger than what is inside your skull. So the naming thing emerging through the embodiment. And you know you sound like, you know 'I can tell in the way she bounced.' It's a

Yeah

So what does the bounce mean? And how do you check out the bounce and how do we know that the bounce means what it means?

Well that's interesting because just going back to what you're saying it connects me to a story and the story is a very cultural story in that certainly with a lot of black people that's something you do. You bounce.

Like T1 talks about his grandma tapping her toes and getting the spirit starting to come with the tapping of the toes and then it kinda moves through the body and then pretty soon you're on your feet, you know, or she was on her feet. (both chuckle) So seeing her starting to tap her toes meant something, meant a particular thing about her joy and her embracing the spirit. Um ..So thank you again. And you need to go. There was something else I need to say. Oh have you read Bradford Keeney?

Which one?

Well, there's a book about him but he's sort of collaborated, it's called ' The American Shaman'?

I want to get that, someone told me about it. (discussion about it.)

Well thank you for asking me.

Thank you for doing it.

It's not often that you get to do these things, really.

Yeah, (2secs) yeah.

You know what I was thinking wouldn't it be nice if we could do it with each other as trainers. Yeah **and just get a sense of what it feels like cause.**

When you say 'we'

We, whoever wants to.. you me Tony? Yeah **you know 'experiential'.**

I had such, I really had quite, when we got into it. When I was thinking about it, I was thinking, 'obviously, cause this is what I do and so this is what I want to explore it but then when you were talking and I really started worrying and thinking should I just be chucking the whole thing and you know. You know how you do?

Yes!

So there was a lot of um uncertainty for me about it. But it did, and I would predict that something would emerge for you from it. And something did emerge for you, and I'm so pleased!

It's interesting because what I like about it is the uncertainty when I am doing it. I have no idea what's gonna emerge.

Yes, yes.

Or which way I'm gonna go, or when I'm gonna start doing this. You know. So that was great. Nice being on the other end.

Oh good.

End. 1hour 6 minutes.

(8,639 words)

Transcription of doctorate interview, 9th March 2011

T3

This was both audio and video taped. Small world figures were set up prior to interview. Interview took place at IFT. Process explained and consent form signed. Interviewee is in bold print.

So that's recording and you know it.

Mmmhm.

Then we can just forget about it. And I'm gonna turn on this camera. (spend some time setting up equipment).

So once again, thank you very much for agreeing to take part. And um, I've explained to you the process for, of the project and the um release form for the exercise and your rights with regards to the material. Um I think, ok, we'll try and keep the conversation to about an hour and um just to tell you a little bit about the project. You probably know because I witter on about it incessantly but. What I'm interested in is how family therapists use action or action methods in their work. And how and why and what makes them do it and all that sort of thing. Um. So I'm interested also in any theoretical connections that can be made. I, uh, we are going to use the small world figures for this interview so I will ask you to describe a moment when you used action in your therapy by using the small world figures but we won't get to that for a while. Um one of the things that has been asked of me is to distinguish between action and action methods. So the way I do that is to think of action methods as more formalised techniques within the context of a kind of a structure and um theoretical approach. You know like psychodrama or drama therapy or art therapy or sometimes just techniques like um interviewing the internalised other, I would call that an action method. When I talk about action I'm talking about those times when people are just sort of moved to do something that is beyond conversation in the room. **Mmhmm** and move people around or do a sculpt or, although I guess sculpting could be considered an action method as well. Um But sometimes people just spontaneously decide to do something in the room.

And would that include artwork, drawings umhmm absolutely **and things,. Right.**

Yes. Anything that involves the body, really. Ok um. So can we start just by you telling me a little bit about your background and your interest in using action in therapy? Briefly.

Right, well uh, I'm a senior senior family therapist as part of a CAMHS team in Northeast London. Um, I'm one of two whole time equivalents. Uh, providing a service to children and families. Um up to the age of 18 and sometimes beyond. Um, I think action techniques have been um part of my work for many years and I appreciate the broad definition of the term rather than necessarily uh focussing on a particular method such as psychodrama. Um but I suppose its emerged almost organically from the work if you like. Working with children and people of various ages. It seemed to me appropriate that um to engage umm that you enter into a world which maybe playful, um um , might have an element of fantasy um, so yes its its its got that. I suppose that's in part my relationship to it. I I I do have certain action approaches which are more related to methods. Externalisation. Um interviewing the internalised other. Um to name but two. Um mini sculpts and paper work after John Burnham.

Ok. and um can you tell me a little about your prior professional qualifications?

Uh, I initially qualified in social work. Um went on to work in a locality team. Generic team in east London and subsequently uh went to work in an acute paediatric setting which had links to adult mental health services in southeast London. Uh at which point I then undertook um an advanced diploma in social work, specialising in children and families. Um at the Maudsley Institute of Psychiatry. Um after which I came to work in what was then child guidance and has since transformed to child and family consultation. It's a tier three service.

Ok. and your interest in action and action methods? Or your experience of using them I might say.

Uh I suppose there's two elements to that um as part of assessment and then as part of a treatment response to the children and families that I see. Um part of my work involves the assessment of autism spectrum disorders. And um one of the assessment tools is the ADOS (something something) diagnostic and observation schedule which uses action approaches. In fact what you are doing is creating what are called presses. These are contexts in which uh certain social exchanges will either emerge or they won't emerge and you're interested in their presence. So that's perhaps a very kind of specialised use of

Say that again? Please just say it again, the whole thing. I kind of lost it.

Um, there's a there's an observation schedule called ADOS yes **Autism Diagnostic Operation Schedule** oh yes. **And that has an action technique**

element to it where you create what are called presses. OK **These are are um social encounters eh in which uh certain behaviours will or will not emerge. Um and on that basis you might feel that you you can um comment with regard to uh the presence or otherwise of difficulties in social understanding and communication.** Uh huh. **And certain repetitive or stereotypical behaviours associated with their conditions.**

Ok. did you have to have special training for this?

I did, yeah.

What would have that consisted?

Uh it was a um 2 day workshop combined with um a manual. Right. **Uh and that was a few years ago now. Um I've had other trainings in um autism assessment.**

Have you had any other training that's um used action, any short courses or

Uh, um no, not specifically. Um I've attended various kind of workshops and I've been fortunate to um through my work at the institute to be participant to plenary sessions etc all of which or many of which have looked at action orientated techniques. Yeah, so.

Ok, great. Um. So would you say you have a special interest in autism then, obviously.

Yeah, yes.

Oh well that's really interesting because I often get asked things about you know attachment and autism, using action with autism, and all sorts of things. So you will be a real source for me in future.

Yes.

um. So in general what are the theoretical concepts and connections do you associate with using action in therapy and you mentioned a couple but if you could just elaborate a little bit.

Um well both in terms of engagement uh I would think of it in relation to um the therapeutic relationship and process. I would uh um (2 secs). Principally though I would see these techniques as um uh as ways of communication in the broadest sense. Um

Communication from you to the family or the family - say more.

Both to, in relation to families but I suppose specifically in relation to children and young people where um (2 secs) their sense of um the enterprise um uh might be um a broad and variable one. Um (2 secs) in the rooms that we use um toys are relatively accessible. There will always be pens and paper in the room and um it would be unusual if at some point over the course of a of a session a young person didn't gravitate to these. So it introduces um a a spontaneous medium from which to mmm **to relate and communicate with the children and likewise um I would be for example interested in um lets say a child was drawing what they would be drawing and how that would in some way or other might relate to the conversations that they were either directly contributing to or may have been contributing to in other ways. Not necessarily through their silence but through their um attentive listening to the conversations that have been going on around them.**

Um, mm. ok good. Um ok can you, so you started to talk about joining. But can you say a little bit more about or did you say joining?

I did. I think, joining and engagement.

Yeah. In what way do you use action for that? Would that be with them just getting up .. well you tell me.

Uh, I suppose we could we more disciplined as to how we introduced material into the session um

I'm more interested in what you do do rather than what you could do. (both giggle)

Thank you. But generally speaking there will be materials available to children and um if a child spontaneously uses the material, I might comment or observe as to how they are using that material and um uh develop um with the child a conversation about their activity and how that might uh in some way um connect to the conversation that we're having. I mean uh my my of course my preference rather than figures would be for pens and paper. Either introducing ideas myself or responding to the pictures that are emerging over the course of the session. I suppose when I'm thinking about this I'm always minded of um recent examples. So um if I can th th think yesterday um of a young child, 8 years old um in a adopted family, um

Can I just pause you for a minute because (14:11) because I'm going to ask you to describe an episode. Is this the episode you're wanting to describe or are there a number of episodes?

There are possibly a number of episodes but it it might be with the same family so I could start with this episode and I can think of another occasion when uh we explored an action orientated technique. Um perhaps less successfully, well if if success is a criteria on which we might evaluate this perhaps with less comfort for me um if you like, on reflection.

Right. OK. so that might be one that we look at in more detail.

(talking at the same time)

Ok so tell me about what happened.

Um (2 secs) the the the work entails a adopted family with 2 children, um siblings, um 6 and 8. Um both children had been in their placement with the couple, with the adoptive couple, since they were 4 years of age. Um the referral came last year after a number of years during which um the parents had um (1 sec) I hesitate to use the word 'struggle' but I think their expectations at this point were that um the older of the two children would be more comfortable within um (1 sec) you know, within the family. And at the time she was experiencing um somatic symptoms. Uh in particular her skin to her arms and legs would become inflamed um significantly aggravated by uh her picking and scratching um and um whilst uh you I wouldn't necessarily say that she'd been self-harming but at times her arms gave the impression of a young person that had been um self-harming in a way that might be characteristic or would have appeared um I'd be more familiar with in a significantly older child.
Mmm. S**o she she um, and this was seen as one of the markers against which her parents were judging um**

The success of the placement.

The success of the placement and her ok **and her degree of comfort within it.**

Ok so what did you do yesterday?

Um well it was um it was a session um with a fairly open agenda um (2secs) but the 2 girls attended with their mum and dad. Um they the previous session I'd seen the parents separately. Uh so there was some catching up to do. Um as we're now 4 or 5 sessions in to the work, uh there is a sense in which um the agenda for the um session is um very much mutually agreed and there's um there's um one of the substantive things yesterday um was in relation to uh friendships and um the adoptive mother's anxiety that the 8 year old was struggling in relation to

friendships. Uh this was a subject that's um I've attempted to um discuss, we'll call her 8 year old, uh with 8 year old, and her degree of comfort with it. I'm not sure

8 year old being the child?

8 year old being the child, yeah. I'm not sure that 8 year old was altogether um comfortable with being the focus of our discussion . um or the subject of friendships. Um and she listened attentively throughout but um but very much busied herself around a drawing. The theme of which was the Wizard of Oz ahh **and it may have well been kinda stimulated by um you know conversations absolutely elsewhere. Um (2 secs) it seemed to me that um she was um deriving comfort from the focus. Um but I was also very aware that uh that she was listening to the conversations that her mother and father were having and the exchanges um between myself and my co-therapist. And also her sister 6 year old was in the room as well. So um it was quite a lot for her you know and um to be attending to let alone making her own contributions to**

Right

Um and I suppose I have to say that um uh my curiosity in relation to the drawing was both in relation to the content of it but also the process. Um by which um this was somehow moderating her experience of the session. And so it uh eh um you know it had that part to play in

Yeah can you say specifically what you noticed about that , the process?

Um um (2 secs) well I think it gave her a place to which she could if not retreat, um um she could return to in order to kind of regulate her her presence in the session, which um you you now potentially was gonna through up arousing issues.

Uh huh.

Uh so being able to kind of move back into this world that she had created um through her drawing uh I think she was able to manage the the session

It kind of acted as a um regulatory, it had a regulatory function (talking together) for her own emotional state.

Yeah its kind of

How interesting

And and likewise I wouldn't want necessarily to ignore the content of a picture for what it might uh mean, symbolise, one might be able to interpret perhaps from some of the drawings. Um she was also able to get quite a lot of positive regard from those in the room as to the drawing and the work she put in so um um you know it was it was um clear you know that at that level things were not going not going unnoticed and

Um ok, would you, I'm just a little bit being organised by time which is a shame, but there you go. Can you say what kind of theoretical connections you were making then in that moment just just briefly.

Theoretical connections

I, I, I don't expect you made them 'in the moment' but on on reflection what you would've, what you can

(2secs) um (5 secs) I think they uh eh if I reflect on the session um one of the uh things to emerge was um 3 generations of um sibling relationships that had a competitive, rivalrous element. The mother who had a younger sister, the mother's mother that had a younger sister who died tragically at the age of 11. And 8 year old and 6 year old's relationship which has this competitive, rivalrous quality.

6 year old being the younger sister

Being the younger sister.

How interesting

And um if you like an att, a receptivity or an attentiveness to 8 year old's if you like 'confidence'. Her ability to assert herself both at home and at school were particular issues. And um if we go back to this idea of 8 year old being attentive for regulating of her um her presence in any particular context I guess they the the the artwork or medium she was using was a way of doing that in a way that provided comfort, containment and equally this was an issue for her mother when she thought about how she was positioning herself, it required a level of comfort and containment for her. As she she reflected on both her own experience as a youngster in relation to her sister and what she understood was occurring for 8 year old.

And how did that come out through the drawing?

Um it is reflection *on* action. Yeah. **Um I'm not (4 sec). there were 2 moments. One, when her sister, this is 6 year old, um sat down at her sister's artwork and attempted to draw all over it, which was one thing,**

oh, ok. **um the other was when they were talking about um the Wizard of Oz and 6 year old, a very confident quite a you have the impression of a very forceful young woman, stood up and was going to explain the narrative. Um and um (2 secs) admiring that quality um in a young person, I was in a dilemma as to whether or not um I went with her account or did I did I return to the originator of this. And um invite 8 year old who had been carrying this narrative all throughout the session if you like and give her the opportunity. Um and what it I suppose what it illustrated for me was the dilemma that um that 6 year old and 8 year old's parents must have. How do they position themselves in relation to this very active, dynamic young woman, 6 year old, um, if you like appreciating this quality to her which is very confident and not wanting to suppress or inhibit that, whilst at the same time um support 8 year old in the development of her voice. So there was um uh (4 secs) that that issue became alive for me in the moment as as as a consequence of it.**

Ok. Can you say, before we go on to describe in more detail the episode, the earlier episode that you mentioned, if you want to do that **yes, yes, yes.** Can you tell me um how you think it was uh, where did you do your family therapy training?

At the Institute

Ok. how do you think action and action methods were addressed at the Institute.

Um

In terms of your training and learning theoretically and stuff.

(4 secs) I would have to say that probably at that time which is over, well its coming up for 20 years now. Ok**. probably weren't in people's minds in quite the same way as they are now. Uh I mean I think we were encouraged to uh um think of novel ways to work and to draw from an eclectic range of um traditions. But I don't recall specifically having supervised sessions um where I might have been encouraged to use an action technique. Um (3 secs) yeah.**

ok. And you said from a wide range of traditions. Can you kinda link

um structural, strategic as then was. Uh Milan.

What would you feel would be Milan action? I can see structural myself but what would you see as a Milan action?

(deep breath 6 secs) Good question. Ok maybe **Maybe if I, before the interview ends. (both talk together, agreement)** Ok. **if I get an inspiration on that one.**

Ok fine, so can you um describe this episode where you used action or an action method. And I'd like you to do it by using the small world figures, by choosing objects for family members , yourself, the team, whatever's is as you are explaining it.

Right, OK Ummm

You can see there's wide variety there.

There are, there are and uh let's uh, let's try and go with this. Well in the room there would be 6 of us. Right. **And um 6 year old and 8 year old, um Mother and Father, mum and dad, and myself and my co-worker Co-therapist.** Ok. **um (8 seconds, while choosing)** ok, who's that? **I just think it's a rather attractive character, (both laugh) I know it its Tasmania isn't it?**

That's the Tasmanian Devil.

That's perhaps that's not a best choice.

Oh no, **um** well, say why you are putting it back.

No I will take it. Ok **um because um there's a kind of bulldog like determination to this character and that reminds me of bits of Father, the dad. And I have a lot of regard for Father, I uh um I very much enjoy his kind of well the support he affords myself and Co-therapist in the work we are attempting. Um and his calm and rather reflective style, though that's not immediately apparent on his appearance. He's um very much 'a man's man,'** ok **Very blokish. Um** who's next? **Let's have um let's have Mother um, Mother's a very elegant lady. Uh, um very connected uh um to her two girls. And very very concerned to do a good job by them. Uh so if we have we have Mother present. Aaand Co-therapist, co-worker.**

What are her qualities?

What are her qualities? Thoughtful, reflective, calm. Very containing presence in the room. Um KCC trained, so she brings a difference. Um very much in the tradition of uh CMM, moral orders, uh, very attentive to the language that we use in the work. And um yes, and that's um, and I'll be the dog.

Ok, what are the qualities there?

Uh loyalty (both chuckle) perseverance,

Loyalty to?

Uh to the families I work with and I , I (5 secs) I have a sense that um if um if I'm respectful and if I am part of a picture for uh a given length of time, something will emerge which will help me appreciate or understand something of the meaning um phenomenon, so. And let's take um this character as 8 year old. The rabbit. **The bunny rabbit. And let's take the Womble to be 6 year old.**

Ok, I'm not sure which Womble it is but it's a Womble.

It's a Womble.

Ok. I'm gonna move the rest away a little bit. **Yeah?** You might want them again in due course but different things, but we'll just move them over here for now. (shuffling noises)

So what was the episode?

It was um I think it was the third session. Aaand um (8 secs) I'd was mindful of a workshop I'd attended, in fact one of yours, Chip.

oh! Oh dear (chuckles)

no, no, no it was, it was a certainly a useful session or workshop. Which one?

It was one where you showed a video of um work with a traumatised child um that um you were inviting to think about what might have been uh helpful or useful or appropriate to her at a younger stage of development.

Oh right, yes, I know the piece of tape.

And you invited her and her mother and I think her mother's partner to um take themselves back to to when she was a baby **to when she was a baby and to think about what she might have looked for in the adults around her at that time. Um to help her re-engage with that. And I think the theme if I recall correctly in my session with my family here had been the um likelihood of neglect and trauma in um the children's early life. It's interesting that um that 8 year old had come to this family at the age of 4 um and um it appeared had very little recall of her life before that time. So um I think we were um wondering how it might be that we**

might be able to um engage both children in thinking about a time in their life before they came to OK **uh live with uh**

Ok so I've got a couple questions. One is I didn't ask you, what are the qualities of these two figures here that you took.

Um 8 year old uh warmth, affection, very much a sense of caring for others. I mean that could be in relation to her sister, her mother, Mother, equally her peers. Uhh if any of her friends were to let's say fall over in the playground uh the story is that 8 year old would be the first to

have been there and administrate

yeah.

And what about the (other figure)

Oh plucky determination um a voice um no one is ever going to overlook the fact that she's she's there.

Ok so in this moment, uh um what was it, how did the issues about their early life come to the fore and how, what was it that made you think, can you remember the moment when you thought about the earlier work you'd seen at at that workshop.

Yeah and why that might be helpful. **Um (4 sec) what I what I was um looking for I guess was to engage (4 secs) um 8 year old in the work (4 secs) that um and and and not just 8 year old, all of us really to to develop a sort of consciousness um that um supported that kind of connection . and I was, my sense was that um (3 secs) that I wanted to step out of a kind of analytical frame. (2 secs) That's right I think uh Mother, 8 year old's mother, said that she had this very analytical quality and she wondered at times whether or not she over analysed.**

The mother?

The mother. And I think with that we thought of um well well is there not a way that we can make this a more experiential opportunity. And to try and you know ex ex extend uh something about the way that we are working and resources that we had open to us. Uh um

So what did you do?

Um an invitation went to um Mother. And to Father but I think I must've um picked up on something we'd been talking about which was comfort in relation to Mother and invited her and um 6 year old to arrange the

furniture, to arrange the materials which were in the room such that we could if you like uh um model an episode whereby they were very close, they were responding to Mother was responding to to to 8 year old as if she were a younger child and 8 year old was connecting to that younger child within herself, something which she was prone to do in any event but but we would do it in the room and we would quite consciously using some rather large cushions and other materials and we had um I think we had Mother's coat. So Mother and (2 secs) uh 8 year old to start with, later joined by 6 year old , uh had a cuddle. Oh. **Using the**

Show us? 41.46

Yeah, I'll show you. Um it involved clearing a space (does so) uh huh **um that uh Mother came here 8 year old came here and not to be left out (both laugh) 6 year old came here.** She did, was she.. afterwards. **Yeah and uh we were arranged thus.** Ok and what did the dad do? **Dad was sitting next to uh Mother but he remained seated, I remained seated, Co-therapist remained seated.**

And when, what were they doing then if they weren't.. were they seated? They weren't

No they were they were they were lying there.

They were lying (both talking at once).

Propped up lying down but lying down essentially. And um it very much conveyed the um eh well certainly the children very much conveyed the impression that eh they were enjoying this experience. And we wondered you know about um yeah was 8 year old's contribution you know as to be said, she was enjoying this and she was reassuring us that she was enjoying it. And we talked about how a younger child might have enjoyed that and perhaps not all children do enjoy that. And we wondered maybe whether or not it'd always been their experience that that that 8 year old might enjoy that level of comfort.

What was her response?

Um I don't specifically recall it. Ok. **um maybe there was a bit of scaffolding going on on my part as to how children might think and feel at those times. So (talk together)**

Ok when you meet, when you say scaffolding you mean kind of giving a structure to that

Giving a structure in words to the experience. Ok **Yeah.**

Ok. Good. Um alright so Father the dad is now sitting out. (move figure)

Yeah yeah and we're kind of um insta, I think we've become a kind of audience.

Right ok. yeah

Which for me created perhaps a distance which if you like, reflecting on action, in action I don't think I was responding to. I think if I was to have attempted or to have repeated this I think I would have moved us all into position ok **where we might have been on the floor.** Ok **and would have had some of that um that that that participatory feel in the process.**

Ok. so, so what. OK I'm sort of semi structured um thing here. (referring to interview schedule). If you were to be the father, there, what do you think his beliefs and feelings and ideas were at the time? … if you were to be Father.

mmm. Good question. He was I mean here (unintelligible) **um (4 secs) I think he would enjoy the kind of playful quality here. Um I think it would've perhaps**

what told you that?

He seemed comfortable, his smile, he was supportive of this um I think when uh I was looking for some feedback um I would've had some affirmatory comment. So um (3 secs) yeah I think he would uh (talking together) And and and it it it you know uh, arising from an earlier conversation which spoke to Mother's kind of analytical quality. Um I think he might've yeah thought em well this is not just our heads talking, this is whole bodies. Um and Mother again appeared to welcome – so I'm just moving on now to Mother (figure). Yes. **She seemed to welcome the the the the the uh the attention from her daughters, the the the there was certainly no um hesitation on their part to kind of engaging in this rather playful way. Um well she did say was though that this is something that we do at home.** Oh good. **Something we do quite a lot of. And I think I might've again, reflecting later or reflecting if I'd been quick at the time thought, she's perhaps telling us she's not quite entirely comfortable with this. And it emerged**

Explain that to me more? **Um** if 'we do this at home' why wouldn't she be comfortable with it

In in this setting, in this context. Uh huh. **Um there there there at that point she wasn't um um seeing how this might um be relevant** to the therapy? **To the therapy.** Ok **the there was a gap for her there.**

Ok what was she doing specifically that made you think that? **Um** that gave you that, cause it sounds like she didn't *say* that, she said 'we do this at home'. **Yeah.** But but

Well there was clearly enough at the time to make me feel that this was something that we could proceed with or that we could continue with. Right. **And um and that um this would be something that we could you know come back to if not in action then in our reflections later. Just to get a sense of how um (2 secs) how this work might be be be processed at the time by the children. So I was very curious as to how things would, you know, develop in the intervening week until the next time we met. And to see how things were going for both girls.**

What is around – well and for the mother and the father. What what do you think was um the effect on your relationship with her at the time, and with uh Co-therapist's relationship? I mean did that keep you at a distance do you think?

(2 secs) **well it it it didn't because I think we came back to talk about it in the subsequent session.** Right. **And (talking together)** but at that moment **at that moment uh (2 secs) well I think it (1 sec) my relationship with Co-therapist was interesting because um I think Co-therapist was keen and and and and very much enjoys the experience of co-work. She was keen to extend her own uh repertoire of approaches. And um I think there was a sense in which at the conclusion of the session that there was um um a sense of their work with the family's you know moving on or at least it would appear its moved on to a point that we could you know contemplate this type this type of work. Um but I'm putting, and Co-therapist put more meaning to this. I think there was also a s s some sense of discomfort that whilst Mother and the children were active in this process, on the floor, that that we had remained seated.** Oh, and what did that mean to you? **That we were at a distance.** Ok **and that um if you like, um Mother was having to take all the risk.**

Right. Ah RIGHT! Ok so if you were to move yourself in a bit closer and get on the floor with them what what hap, I mean (unintelligible then both talk)

Well I think we'd all probably, want to give up our chairs, and I would do kinda likewise. I put myself on my side because my bones are a bit old and getting up and down from chairs (both giggle) is uh can be can be a bit difficult. But no I'd happily up stretch out on on the on the floor.

(something) spot around back here.(Interviewee rearranging figures.)

So I think we'd all perhaps want to take a bit more of a risk here and participate equally in this.

Ok and what difference would that make to relationships do you think? **Um** Oh right and you talk about *risk.* Oh, right. I just

Yeah um but um I think it would um uh support the sense of connection. Um

What do you think stopped you from uh taking the risk?

Perhaps it was um eh a degree of unfamiliarity with the technique. It was um uh a sense of um uh I suppose responsibility. Um I think that was probably, and and and uh uh uh perhaps a belief that from that position I would've been more able to observe uh what was taking place.

From from outside, from further back you'd be more able to observe. Ok. ok. Can you tell me a bit about that theoretically. Where where those ideas come from? **Um.** There were two or three things you said. I got stuck on **Yeah** being able to observe the

Well let's play with that one or start with that one. I suppose um that um in any kind of piece of therapeutic work you're having to um observe on a number of different levels. Certainly an awareness of one's self one's own responses to what's emerging in the course of the work. But equally being attentive to how the children are, how the mother and dad are responding, how my co-worker uh and her comfort with this. So there was I think quite a lot of multi-tasking going on. And and maybe I'm

You're the most senior worker too, are you? (talk together) ok. So being more senior would've also had an impact. **Yes.** Ok.

So uh I uh and I suppose timing as well. Uh I mean this was um um this was a a a an exercise that may have lasted 2 to 3 minutes, it may have lasted 15. Uh but again I'd be kind of um mindful, having suggested this, again I'd probably want to think then how we were going to move on from that and get to a point where um you know we'd be preparing to leave the session for people to go their various ways.

How did it end?

Uh um, it ended playfully as the session you know uh had gone. Um and uh um but I suppose for me I was kind of um reflecting quite hard as well at the end of it and fortunately Co-therapist and I were able to have as we traditionally do we have 5 or 10 minutes debrief after the session.

After the session. You said 'fortunately'? **yeah, yeah.** So when you finished (something) how would you how would you end the session here then in terms of what **um** how did you see, you know what metaphorically perhaps in terms of how did you see the relationships in the room at the end of the session.

Um well certainly I would, I would retain um Mother very close to to to 6 year old and and and and yeah and 8 year old. Equally with um I think that Father's presence in the sessions is very valued by the children. You know he's taking time off work and is coming from work and um um. And this conversation the type of conversations the um media it probably pretty unfamiliar to to to dad.

Uh huh what did you make of it in terms of your, sorry I moved you. So how would you see yourself?

Um yeah yeah, yeah, well no I I I well we'd taken a risk and we would be able to see how that subsequently impacted on if not there and then, at the following session.

Right. Well what impact do you think it had on Father's role as Dad to this in this family? That **Um,** cause his, yeah.

(6 secs) (both speak together.) What did it bring up? I guess I wonder what you believe about fathers and **well it was I uh I I had the impression that Mother was someone that was very much at the heart of this family . that's the sense of it. And that there are times when um Father is a resource isn't uh exploited by Mother as he might be. He's got some very particular ideas about the children's experience prior to coming to them as a traumatic potential within that. While I feel he's he can say this. I think Mother's at a point where that's very difficult to hear** right **and I** she doesn't want to know what might have happened to them. **Absolutely. And I think um we've been quite tentative about that and exploring that .**

Why?

Eh because um I'm not sure Mother can hear, hear that.

And if she could hear it what would it, what difference would it make? **Uh I think it** I mean it sounds like you are worried about the impact of it on her.

Well, I'm glad it's been said, um and I think it's something that we can come back to, it can furnish our conversations in the future. Uh um but I'm not sure she's ready to have the conversation and about that, bearing in mind that um (2 secs) I think her anxi she'd it would increase her anxieties considerably.

Her anxieties in relation to whether she can care for the children?

No I think she's secure in um in that. (57.60) I think it what it would uh what it would mean for that part of 8 year old that's in her. Right. **uh**

The part of her that's hurt, that's injured? **Yes, yeah .** not yet whole. **Yeah.** Ok. um we're coming to the end so I'm going to ask you to derole the um the figures but um and put them away again, but um what, you said you came back to this it it seemed to provide, um what's your, I don't want to put words in your mouth so I'm struggling here but um. If I understood you correctly you said that it was something that you could come back to in subsequent sessions.

Yes. Well we came back to their experience of this exercise um and (3 secs) whilst uh it was acknowledged that the children did enjoy the playful quality, Mother herself appreciated that she had felt less than comfortable. And I had to acknowledge that and take responsibility for my part in that and uh the conduct of the session.

So do you believe that people shouldn't experience discomfort in therapy?

Um, I'm probably um very mindful of comf their comfort in the work. And it may well be, you're right, that um you know, that my tolerance for their discomfort um is an issue.

And um it seems like it gave you um a focal point, for want of a better word, for subsequent sessions. It seems to be

It has done and I think, and I wouldn't exclude the possibility either of attempting something again **again.**

So what do you think you learned from it?

Umm (5 secs) I think I have to be uh um clearer as to how I might have conceived the exercise. Ok. **Um, um (4 secs) for example um how all of us were going to contribute to to it, rather than see it as something that just one part of the family system did.**

Ok, ok. And how do you think it changed your, the relationship of the family to therapy? **Um (2 secs)** with you and Co-therapist.

Well in as much as we'd been able to have that conversation subsequently, um I think it's it's it's creative or made for a more collaborative enterprise.

Great, good. Ok. so we can derole these figures.

Yes, yes, um (de-roles the figures.)

(8 year old – white rabbit, Father – Tasmanian Devil, 6 year old – Womble, Mother – parrot, Therapist - dog, co-therapist – pink girl)

Ok, I know you're needing to go but can you just say, how did you experience this process.

Very thought provoking. Indeed, indeed. And um, um (3 secs) nice little take home message as well. The um uh perhaps my predisposition to the comfort of my clients in the work and whether or not I can uh afford greater levels of discomfort. Yeah.

Thank you, thank you. Any other comments about it, or any questions for me about it?

No. I'm sure um when I reflect there'll be great and **and so I'll come back to you.**

Hopefully we can set up another time. I don't know what the data is going to produce so (giggles) but I know it's gonna **I'm sure** produce something.

Something's got to emerge. A lot will emerge.

Yeah, yea, what would you like to be called, do you have a preference? I mean this is over now but I'll just get this on the tape as well.

Called?

In terms of your names for the transcript. Is there something you would like to be called?

No I don't mind.

Ok and what about the family, do you have any names you'd like to call them?

Um names that they haven't got. Just if you could change their names.

Alright thank you, thank you so much!

Thank you too.

(7381 words)

Transcription of doctorate interview, March 2011

T4

I was late for the interview having got lost on the way to the venue. Therefore we did not have as much time as hoped. Interview length – 55 minutes.

Names have been changed in this transcript.

How role play for instance, is that working now?

It is working now (talking together)

Alright so about how things like um when you say 'well let's do it then.' I remember training in structural work and thinking ach I understand that. So as an occupational therapist I had to train systemically because it didn't make sense to do those things out of context for me. But now I feel I have quite a good .. balance between what I originally trained in and in my family therapy background.

How did you get the balance?

Well maybe I don't have a balance. (talking together).

No, no, I'm really interested in in knowing a bit more about how the balance happened. Did it happen during your training, after your **no** training?

No, no, no I suppose it's something, you know the journey of family therapy training for me was very different to the training in OT. (talking together) I'm not sure how much you want me to go into that. Tell me about it**. It's just that I didn't really feel I found my systemic voice until perhaps about 2 years after training, at least.** After your systemic training. **Yeah I remember ringing up (name of known family therapist) and saying I finally realised that I could (laughs) open my mouth and ask questions in the way that I'd been trained to do. But it took at least a year or two after training to feel comfortable with that.**

Oh I see.

And so, I know I was doing it to a certain degree, but. So you know when working systemically becomes something that you do rather than that you have to think about doing. So then I could start using things more. Right. Do you **And, and, sorry, the client group here (tier 4 adolescent in patient unit) adolescent client group, kinda require it.** Require? **Um me to think about how to do stuff as well as talk about stuff.** Right. S**o I think that that helps. The (talking together) the strangest journey is**

Is the difference between the adolescent group here and other adolescents? Or is just that adolescent

Just any adolescent group that I think probably will chall, you know working with children instead of just adults.

And yet you see, you do see families. **Yeah.** Yeah and do you use action with families? **Yeah.** As well as just with when you are seeing individual kids. **Yeah.** Can you distinguish it from your OT training in that you just said about your um, you know it was sort of um riding the bike experience, you know, when you know how to do it. **Yeah, yes.** Was it the same when you trained as an OT? Or was that a different experience of 'getting it.'

.. I think it was different because eh eh actually its less, I found it less intellectually challenging. The OT training is much more about doing in itself. Right. **So there's not actually that much theory to learn to be honest**. Ok **Well I mean I could get shot, don't repeat that! (both laugh). (talk together) there's a group of a group of OT's in the, or EX OT's in the in supervision group. You have to forgive me but there's something about 'doing' in the training. 'Just do it and you learn how to do it.' And actually there's a lot more meatier theory I think in systemic work, you know what I mean? I had to really understand in order to be able to kind of move on and not, I'm not somebody, I am a theoretical learner.** Right. **So it did, If you like, I had to really 'get it' before I could use it properly. Whereas, the OT, it's the other way around.**

Ok. Um now this, you might not be able to answer this question at this point but I'm just wondering, as this is a semi-structured interview, um (2 secs) is the way, I guess I'm curious about is the way you use action as a systemic therapist different from the way you use action as an OT. **Yeah.** I guess it would be. **Yeah.** But also can you say something about the differences?

Yeah, I'll try. I haven't thought about this much

Oh good!

Just as you have spoken about it. Um it's probably that OT's more individual based.., you know, .. in it ..of course you have to consider context in relationships which is why it fits .. as well for OT's to work systemically. And it's a strengths based model in the same way. (2secs) But (2 sec) the complexity of what happens between people in systemic work is slightly different so you know how you, you uh, by very basically you know for instance when you are listening to somebody else talking about what's happening to them, it changes your view and your behav, you know the way

that you experience your own family life. Hmm. **The complexity of how that happens I think is different.**

Sorry did you say the complexity of how you how you

In systemic work, you know, one of those basic ideas about when you sit with your family and you do, say you do a genogram and you're listening to your mum talking about her early experiences it changes your your way of being in your family, right? That's a fairly basic systemic idea. So that's, it's that kind of complexity which I don't think is present in OT in an OT frame. (talking together) It's that internal reflexivity, you know, 'the patterns that connect', all those really basic systemic things. Ok. **how we use them, you know what I mean?**

Yeah, yeah, I do, I do. Well I don't know about OT but um, and you did your training at IFT? **Yeah, yeah.** And (name) was your supervisor? **Yeah.** Ok. um .. have you done any CPD or short courses on using action? Like art therapy or psychodrama, or drama therapy?

I do play therapy.

You did play therapy, short course?

Well, I did kind of 8 weeks of

Oh wow! Ok, alright.

After my OT training. Ok. **and …I'm sure I must've done, I can't think.**

If you had a sort of headline of thinking about action in family therapy, how would you describe using action in family therapy? ..Think about .. . is that a hard question?

Yeah it is really.

I mean the question I have here is how do you define action and action methods. I mean I explain a little bit about the way I define it. **Oh, OK.** but I wonder.

Um maybe stepping outside of the talking and moving. So so for me its something about your body.. right so you kinda and you do something in the room in order to free something up. So whether that be like you say, drawing, or role play or I use role play really . Mostly in terms of action things. But also .. um I use different things like film, so that's my.

What like video feedback kind of thing, or

Yeah but showing film **showing bits of film to then talk about what people make of it. So lots of the time, lots of the young people who come here say .. you know they like a certain film and they're slightly fixated on it. Do you know what I mean? But they're not really sure why they are. You know like when toddlers pick a favourite book, and they continue to return to it and return to it,** mmm. **and the young people here do that with movies. And I use that so we play the bits of film, after I've watched it and I think well maybe that links with what I know about this person.**

Where did you get the idea to do that?

Cause I like movies (both laugh) and I'm really lazy and (both laughing and talking together).

Lovely idea! **Yeah,** that's a lovely idea.

But to me there's something then about um, have you spoken to KN (name of family therapist)?

I know K, yeah.

So her idea about you embody something different in the room when you're acting and performing something. You, it positions you differently . So Elsa Jones' idea of disposition you know I really like.

Oh I don't know that.

Ok, so she talks about how when you are stuck in the talk in conversation, you feel stuck, all you have to do is move your body a little bit in order to free something up and do something different. And I really like that. So often I will just move. Or move people. And I think doing something like showing people some movie, it it kind of changes our idea about what we can do in the room. Somehow?

It also gives you an an experience together, I can see how it would give you an experience together that you **yeah** can then reflect on

So you're all looking (talking together) at it rather than me looking at them.

Or them describing it or talking about what they like about it (repeating some of my words).

Yeah. And you can you know you can say 'why do you think he likes it' before you ask him why he likes it. Having watched that bit. And I can have ideas about it too. So I like using film just because I like it. I think it's powerful.

mmm. Very powerful, yeah. Nice. **Yeah**. Ok. What what theoretical concepts and connections do you make when you are using action in therapy? You mentioned a couple now, you said Elsa, and you talked about K. **yeah** Now K is a drama therapy person. **Yeah.** She's trained in drama therapy. I know that's her previous background. **Yeah.** Why are you looking at me like that?

I don't I didn't think she was. mm? mm? **ok** and she's systemic but **yeah.** And she trained at KCC I think.

Yeah, right. Yeah and I've worked with her a lot and she really influenced me and really helped me right **to kind of take the risk. And there is something about risk taking in action methods. That maybe, you know you're asking other people to take quite a lot of risk to do something like role play. But its also quite a risk yourself? And it was her who helped me to kind of think that that was more doable than I thought it probably was. Cause I did my supervision training with her and it was that journey the the her.. and I worked with her a lot then. And so that was extremely helpful. There was something about, you know um .. all that stuff that clients experience about feeling daft. … Or and and and what has this got to do with it? And is it the real serious stuff? Kind of thing. So um she was very influential in helping me become embedded and embodied. I really link the uh embodiment and that, yeah. The the movement um to that. Uhhhh and then the real structural stuff, Chip. I'm very attached to and I think, you know, particularly in this context, where young people are really very out of control from, you know it's not tier 3 stuff here. Tier 4 is really, we have a lot of young people who have really become very lost to their parental boundaries. Their already internal boundaries are torn. Um so for me it can be a way in to rediscovering what boundaries can be for one's self and other people. So I do link it to structural stuff a lot. Cause if you just go straight to that with a lot of our young people, and say, well our mum's your mum, get used to it. It doesn't quite** (no they've gotta get)**they've gotta get there somehow. And they also have to tell you, rediscover some internal boundary for themselves. And so things like role play I think help but also they need more indirect things like uh pictures, drawing, films. And just like you know showing us what happens at home is really important.**

Great. Ok. Um … Now how

Oh can I say one more theoretical thing? Yeah, please. .. **um Mentalisation based therapy is one of the key models now that we use here in (name of hospital) and how particularly and its not terribly popular but the way that its been constructed here is that a lot of the young people have um a label 'emerging borderline personality' (speaking quietly) and the mbt (research)**

addresses that. Um .. you know, don't you, about the kind of, the attempts to help people to mentalise when they've lost the ability to mentalise with their parents. A lot of the training that the mentalisation based therapy people do with families is around role play and 'stop and pause' and all of that enactment stuff. So it exists here in the culture ok **quite newly, but it does. So actually that makes it slightly easier because it's not just me as me that people might experience. People saying well 'show us' then because people here are treated mbt.** Right. **and that, so its slightly** mbt that's mentalisation based therapy, ok. **and does have um a lot in role play, a lot of games, a lot of um .. turn taking exercises, a lot of action methods .** Right.

Ok. how well do you think these things were covered on your family therapy training?

***Not* well.** Um yeah. **Genogram, if you wanted to include it. Certainly, there's quite a lot of attention to that isn't there, how you do that.** Mmm. **And I, you know, when I was teaching in IFT I didn't kinda bring that much. I did talk a lot about using poetry at that time which I, which I do too. But perhaps less of now than I used to. I suppose that was my thing at the time. You know, working with adolescents and literature, which I haven't talked about but I do do that too, but less so. That used to be it was when I was teaching at IFT that was my thing really. So but but I don't think we are totally good at teaching that. It gets separated off from the systemic theory, doesn't it. Obviously that's so** nobody (something) **yeah** not integrated in. **whereas in the mbt training, quite interesting to see its like *key* … pretty core to that (something) doing it all the time. Um the structural stuff is the nearest you're gonna get.**

Yeah yeah yeah.

I agree, because we are learning to use feedback and to you know (something) reciprocal and (talking together) experiment and try and think (something)(both laugh)

Yeah. Very um. Well I suppose when you are teaching you want people to understand the theory and um lots of it is very talking, very talking based like Milan. Yeah. **For example. Well I think lots of people want to master that.**

Yeah that's true. Yeah well maybe there's a place for both.

I mean even just having this interview is making me think about you know if we do run a course we'll have to (talking together) and keep abreast. **Yeah cause the mbt training takes it for granted that that's what you do as part of**

the treatment. It's quite interesting, it says you can't do it without doing that. And it role plays like the most important things they do.

Yeah

So that's quite interesting to me because when, when its set up as though that's what you do, people do it. Yeah. **They don't go 'oh no I'm too scared ' which is what, you know meeting K has been really very freeing for me in that respect. So but but when you go on mbt training, that's just what you do. From the minute you walk in they make you do that.**

Yes, what do you mean meeting K was freeing for you in that respect?

About taking the risks.

To introduce this as (talking together) with the idea that this might help you kind of thing. **Yeah . And it may not look like it right now,**

but it might be , yeah. Yeah. Ok . Alright, well can you, we'll get on with on with. Can you think of a family that you've worked with **oh, right.** that you've used action with. Um I'm just really wanting to know, I want to know a snapshot or a moment in the in the therapy um right where you've used some action. **Yeah?** Got one? (talking together) ok we can describe it ok.

OK I can just tell you I've been off for a month and I need to get my brain back in gear. Ok **um, I have to stop looking at them (small world figures) so I can think. (5 secs).**

Who was running through your mind as you were describing (2 secs) (something)

(8 secs) (something) but I'm trying to think about the group and then (8 secs). OK.

Ok? so tell me a little bit about the family.

Alright so Esme, you're gonna change names aren't you? Yeah. (2 secs) **Esme who's eh (3 secs) (something) that's why I want to talk about her. Is this alright, I mean? I have to (something) because I've been off for a month and I'm (something) you know . it'l come to me and I don't want to talk about somebody I don't um (8 secs)**

Alright, can I borrow your pen? Mine seems to have stopped working. Thank you.

No, it's Hilary I'll tell you about. And Hilary is a 15 year old girl from a white British family in (name of town) and her mum and dad have separated and she lives with her mum and her brother who' older than her, 2 years

older than her, lives with her dad. And she came here with uh as an emergency admission having hung herself from the hall light, you know, fixture in the house. And she has a long history of very severe self harm, like cutting and overdosing. And and history, (20.37) oh, and her family life at the moment is characterised by extreme violent fights, *fights* between her and her mum. And I'm saying not physĵical abuse, I'm talking about fairly uh they're fights, they're fist fights. So um there's a kind of escalation in the drama of fight and some input from her dad and her brother and then a lot of self harm and then de-escalation… is how they kinda came in. and lots of people have been very worried about her. Right. **and she's extremely eloquent and humorous, um she were a a talented girl who struggled to stay in school. Um despite having extremely good academic .. results. Um (3 secs) she came with a very raw grief, for want of a better word, about her parents' separation. And what emerged was that her and her brother had been so keen to have mum and dad to stay together that they'd actually persuaded him to come home. So they'd, he moved out, they'd separated, he'd bought a house and lived somewhere else on his own. And then from pressure from his children he'd moved back 5 years. So over the last kind of 5 years. Um but they remained kind of acrimonious. So … her experience was that she could tell, you know, her parents were kinda living as friends, was how they how they constructed it. But for the children it was kind of unbearable. Cause not only had they managed to get this man to move back in but they'd also then had to live with the consequences of them, it being in a relationship and mum trying to have a relationship with somebody else at the same time. (breath in) so I think that had become kinda untenable after about 5 years, which had seemed a very long time. Um and he'd moved out again but it had culminated in her brother breaking her mum's jaw. And that's why he left the house and his dad went with him .. to kinda look after him. So the family work has not been with dad. After a couple of times he said 'I'm not coming here it's between the two of them'. And then he did absent himself. Nothing I could do could get him back. And his brother would never ever set foot into a hospital. And I've never managed to persuade him to come. So I see her and her mum.**

OK, ok. (breath in) And the and the context of here is that it's a tier 4 adolesc

Adolescent in-patient unit. So she's been here for, as an emergency admission in secure… bed, for only about 2 or 3 days. And then she came in with a, came as a resident. Because she lives a long way away, we couldn't do quite quickly what we ordinarily would do and give her a reduced programme so she becomes a day patient. So she's been here quite, maybe 8 months, right **um perhaps a bit longer now. And 9 months? Um and she's just on her way out.** ok. **so she's doing kind of** right, ok. **now**

Can you think of about how, how many times have you seen them? I mean *about.*

Oh… about uh 10.

And what's the kind of interval between

Uh, depends. No, no um … I've seen them fortnightly and somebody else sees her mum in between that. And she of course has an ongoing programme of therapy and group work and all of that input between. So the meetings with her mum are only fortnightly which doesn't sound like a lot. But they're quite um … there's a lot of work goes on in between.

And she is having one to one in the other week?

She sees somebody else in the other week. (talking together) I only do the family work.

Oh. Okay so my question was about

So she's the person who sees her is a trainee whom I work with at the moment. Right. **so she's seen in the system**

Ok, ok. I'm curious about how the uh how the uh Hilary sees that. That her mum's therapist is in the room with you. **Mmm** I just wonder. **Mmm. (25.22)** Does Hilary mind?

No I think she thinks its really useful. We don't do anything like that without talking with people about what it means. Right. **And we've had Hilary's individual therapist in (talking together) she she knows she can roll people in if she wants to.**

Right. what does she think is useful about the mother's therapist being there?

Well the way that she sees her mum is as somebody who needs, not as clever as she is. Which I would perhaps agree with. Ok. **and so it takes her a longer time to understand things on a cognitive level. She's also uh (3 secs) we'll say (2 secs) let me try and describe this properly (3 secs). Her ability to contain her emotions is very limited. As limited as Hilary's but shows it in a different way. So she, if she hears something she doesn't like .. she'll say, you know, 'you're hoaxing me, I knew I shouldn't have come.' Leave the room, slam the doors. So I we are trying to help her to kinda contain herself and stay in the room.**

So the uh her therapist helps her with containment to manage that.

Definitely because that well that's kind of dis well done between them. Its not something that we kind of do .. covertly. No, no. **We say this is what you need help with at you know.** Ok. **at the moment so this is what we do.**

Ok. ok so can you think of a moment in a session that you might want to discuss.

Ok um yeah.

Ok so lets do it. So can you choose figures for um for mum, Hilary **oooh, ok, that's what they're for.** That's what they're for. **Oh gosh, um.**

So who would you like to choose first? You want you and the co-therapist, or the family?

Yeah, why not. So there's me. Who shall I be? Oh look there's Co-therapist, look. That's the co-therapist, she's a trainee and she's (something – Sweet? Swedish?) great colour. I've chosen this because that looks kinda elegant, right? and I I find Co-therapist calm, elegant, you know containing, intelligent. She done amazing work with this mum. And really helped her to kinda bring down her level of emotional … right, arousal. **Thank you, that's the word I was looking for. Um me, oh that's hard isn't it… Um (3 secs) (laughs) (chooses) you don't give us much flattering choice! (both laugh). Who's that?**

Jiminy Cricket.

There you are. I quite like him, but I also know he has his faults. Bit of bit of mania… can be, yeah. **Can he stand up?** Oh here we go. **I don't know much about his actual character.** You wish upon a star. Actually he was Pinocchio's chum, wasn't he. **Ok… but he's kinda ok and doing his best, right?** that's what he is, ok and doing his best. And he had hopefulness, carried hopefulness. **Ok well I do for this bit which is not very easy and not very easy in this context where she continues to be very risky, and so does mum really. .. um let me, I want to choose somebody who's kindly … she can be… no she can't. This is really hard… do other people find this hard?**

Sometimes. It's a mixture. (3 secs). I do have more um other things but sometimes I feel like I just flood people with too much choice, you know?

Yeah yeah yeah. … um… trying to find somebody to, I really like Hilary … and her mum.. so I'm trying to find some some flattering yet appropriate figure. Maybe this one. Um that can be Hilary's mum. This smile is important because she's she's a very well turned out, you know 'I'm fine thank you' when you see her and then as soon as you get into the room she really can't hold that or contain it. She's really very desperate at times. So

there's her mum (choosing figure). And Hilary's a kind of solid, physically very solid, young woman. Who's very intelligent and quite, seemingly quite grounded. And then shows her distress in this very risky way. .. but she's not slow .. I would've chosen this for the protection that she kind of puts around, but she's cuddly, that's how, let's have that.

Ok. there might be more than one bit of her as well. **Yeah. (unintelligible)** ok um. Do you want to put in her dad and her brother, not in the room but as a background.

Yeah ok, that's her dad. Oh I see. **And he doesn't really want to get involved in that but I think he can be quite reliable and a good presence for her.** Um hm. **You know even though he's not here and not in this work. And her brother, what he's, oh this (choosing a figure). I do s, I've met him only once and I see him as really quite frightening and I'm sure he's not entirely, but he he's been very very violent.** Ok **um** well, sure, if you broke your mother's jaw. **Yeah but also out there kind of in the community he's kind of a frightening figure I think, um but I'm sure that's not him, that's his response you know to …** to his life … **yeah.**

I just want to get the rest of these out of the way then. I don't think we will need them anymore, but if we do we'll get them out again. We can just shove the rest over here. (noises). Ok so would you put them, would you put the brother and father in that, or if they were hovering around ?

They'd be behind. Be further away, ok. **(lots of shuffling noises) (something) cause if I think about it, the conversations I had with him (father) I thought were very … I liked him and I thought he was very useful to his daughter at times. ..** right and uh, um ok. Sorry. … (something) production there. Um (3 secs) . OK, so at what point in the, so your context here we've talked about. And what, how would you, what kind of therapy would you say you were doing? In the sense of what's the aims of the therapy.

Um the aim is .. they've been quite small goals.. in the scheme of things. Mm hm. **And no I don't think anybody thinks that we can send her home not self harming. Or um you know living a living out of a relationship with her mum which is ever going to be um drama free, put it that way. Perhaps I want to give them some strategies, some .. way of thinking into each other's … uh .. you know being able to empathise a little bit, mentalise a little bit more for want of a better word.** Ok. **so um and some strategies for risk management is very important.**

Alright. I I just, because this is a, because of the context that you are in I'm just wondering about the issue of as well. And how that's dealt with, and you know, consent to treatment and that kind of thing.

You mean by me or about all, from all of us.

Whatever.

… **(exhales) it's as complex as it is anywhere I think. But yeah there is a lot um, it kinda shifts, I suppose. Because you have less power and less consent when you are in an emergency bed in the middle of the night.** Mmm. **That doesn't afford you much power. And people are acting around you.. to keep you safe.** Mm hmm. **In a way that perhaps they don't um (talking together) there's something that** I guess what I'm most curious about is engagement with treatment, engagement with the work. Getting away from the medical terms, not 'treatment' but 'intervention.'

Yeah yeah, ok. well (3 secs) she comes. **(2 secs)** she's engaged. **Yes. Oh yeah and lots of people don't and you can't make them. But that shapes their, whether they can be here or not.** Yeah. **So, so it's not and I don't, I think that sounds a little bit of like 'if you don't come you can't get the service' (talking together). But I take your point it's not quite like that. I think we're actually … I'm quite proud of how we speak with families about what their choices are. You know I think we work very hard to help people to come and work, rather than come and get held in some kind of custodial way and then go home again. It doesn't work like that at all. Once you are out and in a relatively secure base, you know, in patient … work, it's not that you're in then you're out, you're held then you're free, at all. There's a real open door, mm, and if you're not under a section of the mental health act, which some people are, they can come and go as they please. So so then it's like … there isn't a um a sense of sort of custodial** ok **power in that respect. And then we have to engage families as we would anywhere else.** Right. **I mean the one thing is, that they are often a lot more anxious at the beginning than they are when you see them in tier 3 or tier 2 or in another service because their children have usually done something to get themselves in here.**

Something very risky.

Something extremely dangerous. Or they've nearly died, or over time they are in such a mess that this is where they end up.

Ok.(36:44)

So being in a load of anxiety means that they're sort of, I don't have to work that hard often to get people who are very anxious about their children to

come and talk about that. But on the other hand, some people want their children to be fixed so they can come back home and I can't see them. But that's a problem in itself for all of us here and not just the way we speak about ..

So you've taken me to a point in the session where you're you're you're using some action . **Right. yep ok.** so go ahead.

Well I, they they talk, they'd talked a lot about what happens at home in terms of the drama, so um we speak, we speak, we speak together about the assumptions. (something – noise in background). Ok and…

That's the alarm [pause while we wait for the alarm test to finish].

Ok so, would you tell me.. alright in this moment that you've created here with , actually dad's very close in here even though he wasn't in the session. **Yeah**. Could you tell me three things about each of the players that are in the session. So tell me three things about Hilary at this moment.

Ok so in the moment, she is trying to get her mum to listen to her point of view about why they ended up in fisticuffs yesterday. Um and she feels like she's not being listened to and she's extremely distressed. Right. **and saying kinda 'if you don't listen I'm gonna hurt myself.'** Right hmm strategies! Yes. (laughs). **In return, things are pretty similar,** from mum? **Quite theatrical. Um 'you're hurting me' is what she feels like. You don't listen to me and I'm trying to be a mum and you're not letting me.**

Right.

Um, for me I'm feeling as though this is a conversation I've heard before. And, in some form or another, so I'm beginning to think I need to do an 'Elsa Jones' and get up. Or move or just stop it. But it's very hard to stop because its extremely loud. And extremely violent, really . you know, without the fisticuffs, but it just kinda gets louder and louder. And I'm thinking I'm quite kind of … 'shut up' you know. And I need to stop this because it just goes on and on . and I'm gonna move.

Ok. **And Co-therapist (moving the figures) this is me guessing. Because she's quite quiet, because it uh, she lets me kinda do it. And she also is positioned in the room as kinda mum's helper in a sense. In terms of .. there is an acknowledgement that we feel that mum needs to be helped to be a mum. And set some boundaries that are not about escalating. And that's very explicit. (40:25) But she's quite quiet at the moment. .. and .. yeah.**

Ok so it sort of that the responsibility for the session **is mine** is yours. And if dad were there would he, what would his uh presence be saying?

It would be saying 'you two need to sort it out. and you' what he's always said when he was there, 'that I have some sympathy for is 'she (the daughter) doesn't need to know all about your problems. Stop crying, just tell her that you're not gonna let her.' And which I think is her experience in his house. It's a lot easier for her. Mmm **Um so I think he had a point when he got fed up with saying it is between them.** So he often says, 'when you're ready to come to my house, come to my house.' But she's very um feels such a responsibility towards her mother that that will never happen. So now, you know, we have explored whether or not she can live there. But of course it's absolutely impossible for her to leave because she feels so responsible and feels as though she's hurting her mum and then she feels very angry that she's, you know, that's the cycle.

And the brother, if he was there what would his views be?

I think he'd be … um … taking one side or another and trying to

Not predictable, **no, no,** either. (Talking together). OK so

But what I understand, what I also understand is that in the care of his dad, he's a lot calmer. But he is quite an unpredictable figure in the community too.

Ok and uh, so what happened?

So I stood up and sat right show me **um on the kinda floor really. Because.. my thinking was that I wanted to just break up what they were doing and so I thought I would do the opposite of what they expected. and so it was unexpected in relation to my power, because they are in a power struggle all the time. And I didn't want to just say 'shut up'(said with animation) and be another loud voice. So I sat on the floor and I whispered something to myself and Co-therapist about how (whispering) something about being really bored (giggles).**

So what did Co-therapist do?

She just stayed where she was. Yeah. And eventually they noticed that. But it took quite a long time. And I kept talking to myself and Co-therapist in a private whisper (whispers) because they they want the last word. That's what they're used to and what usually happens is that they hit and I (whispering) very much sort of wondered what are they gonna do to each other. (normal voice) kind of thing. And they eventually they stopped and she (Hilary)

thought it was hilarious and started laughing and laughing. And then the mum started laughing. And then they recovered. And they recovered really fast and they come down and so my … movements I think helped them to get to that sooner. And then I suggested to them that they, that we unpick what they'd done and role played it. Right**. ok so I then asked Co-therapist to help her mum, knowing what she knows about the individual work so I asked Co-therapist to talk with her mum about what they spoke about in their individual session so it might help her hear. Ok? and I said I would talk with Hilary about what her sessions had because in order to the way that we work here is that she knows that I know all about her individual work, might meet with her therapist about that and she can talk to me about it. So what do we know about that work that will help us. So we did that (moves the figures) um but I moved us apart in the room and we have separate conversations.**

So you had simultaneous conversations? **Yeah.** So you weren't listening in on the other. **No.** ok.

I don't know why I did that. I think it was because probably time. .. or something. But and it might have been useful for them to listen to each other, I don't know but I didn't. and um yeah. Go on, what were you going to say? **I was just thinking.**

It's similar to a kind of a warm, an individual warm-up isn't it? **Yeah**. Warming them up for a piece of action. **Yeah yeah (talking together). But I also think, you know part of the, I think there were pros and cons to that but part of what did happen that I suppose I was kind of … not really thinking it out at the time but perhaps it's a little bit intuitive, is to just give them a bit of individual time. Get their voices heard. They really need to feel as though they … uh both of them… need a bit of nurturing.** Mmm **at each point and so I just wanted to give them their space. .. um and then they did it moment by moment. So we kinda walked them through it and I don't know if you want to… I mean I can't quite remember the whole thing.**

What would be useful for you right now?

I suppose its something about saying things like where do you want to start in saying to your mum … what you want.. what your point is?

So that was in your individual conversation?

Yeah, and then say, 'right now we're gonna do that.' So Hilary's gonna say that and then say 'stop'. So everybody stops. (talking together) So this is the one thing I do (laughs)

Ok (both laughing) so you take a very strong line

Very strong, very directive role now, in all this, say this is what we're gonna do. (46:20) I do say.. 'right??' you know. I know these people you know, its not as though I'm trying to build a relationship and don't know them. Yeah. **So I can say 'is that', you know, checking out only takes me to say …' OK?' and they say yes or no. um … so then I say 'stop'. And we all have a look at what she said. Helping her to think and reflect on what she said rather than just putting her point in. and then what we talk about is the assumptions that they're both making and acting on. So that was another bit. .** right **and what they discovered was that when they assumed that mum doesn't care and so that's why she's saying that, the whole point is lost anyway because then it just doesn't become about whether you can have your phone back. It for example it becomes about whether or not you're cared for. And will always, the argument we discovered was always was about 'you don't care about me,' 'you are hurting me,' 'don't say you aren't hurting me because it makes me very angry'.**

So mum says 'you don't care about me you're hurting me.'

'you're hurting me' ok. **Right.** it's 'care for me'. **It becomes quite an abusive** yes **conversation. And and that's also partly why I help had her in work with Co-therapist. Because I think its quite an abusive relationship. So I'm talking about it at the moment in quite, as though its quite an equal relationship in order to help them get somewhere else in a practical way. But the my context is that she is a very abused child. But trouble is that she's kinda getting big. She is living with her mum, she's not gonna live somewhere else. Etcetera, etcetera.**

So, they go to the end of that and they *were* able to negotiate a different outcome to this mobile phone issue. And not get it confused with 'you don't care about me'.

Um we did that lots of times.

So tell me how you how you unpacked it. What were your, actually we might be able to use some other little figures to show the bits of what the different elements were of the unpacking.

Alright, ok.

Do you think went off? It just clicked.

I'm going to have to stop soon.

Oh go on! Ok. no we're still running.

Ok. do you know what I mean, because I tell you. No, I'd really like to know, I don't to (something) you too much. But its something about uh yeah 'what were the elements of the unpacking?' and maybe they have um little people as well that can be put out between them. Do you know what I mean? So that you can look at, uh you know, this is the bit, it might be a feeling, it might be a belief

Yeah. Yeah yeah. Yeah yeah. Ok quick! **So for instance um she makes her initial statement and there is a reflection on the feeling behind it, the belief behind it and the desired outcome. And the assumption.** Ok, ok. **and we unpick that for both people ok. and then you do the same. And you say 'has that changed your response?' 'what do you want to say now?' 'if you are feeling that and thinking that, do you think that's right?' 'so is that what she wants you to do?' 'or do you want to do something else?' so you *track* change in the escalation as you go along, based on 'in this moment what are you feeling'?** ok and how's **and what's the belief and what're the assumptions?**

And how does that compel you to act? And how (talking together).

So: 'you want to say this. But your belief about what she means .. might lead you to say something else. What are you going to say?'

Ok. And how did it change things?

Well. (laughs) we have this conversation a lot! Right, this stop, I call it stopper play. Right? and … oh I would've like to use these now (small world figures), you've inspired me. I think they could do this. Good! **You know to kind of externalise it even more. Um. But yeah it changes things because they do have insight into what they do. And how the process goes. So at home now, she is sometimes able to walk away. Which you know it really does make a difference. And she is sometimes open to saying 'I'm not going to .. be violent.'** Right. **so yeah, I mean they still have a lot of problems. But you know in their relationship but its given them a bit more space. She has been able to hear some important things about her life that she didn't know. Like she was raped and attacked on the street.**

The mother or (R nods). Was she! **Yeah** and the mother didn't know ? **and what was stopping her being able to hear it was her own sexual abuse. So we have been able to create space enough for them to understand those things and how they link, and how they link to … the escalations. Because in the escalator arguments that's really what they are saying: 'I am very distressed that you were hurt. But I can't hear it because I didn't protect you.' For example. So that's why, that's how it changed things. It doesn't mean that they always do something different, but sometimes they do.** Right. **she's leaving here in a state that we are all quite worried about in terms of her self**

harm. But . not unchanged. . you know hopefully tier three will be able to pick up on those things.

Ok, just tell me quickly, um what was this process like for you?

Oh it was lov, I really enjoyed it. Actually. Why? **Just because being asked the questions helps you to think about what you'll be doing next. You know I think we do, *I do,* I get a bit stuck in what I'm doing. .. and even though I do use a lot of action methods, I could've done this. You know I think even if we ..** yeah! **.. just think a little bit more imaginatively. But for me it takes other people to help me do that. I don't have it internally. So talking to you or yeah. So but its very nice to speak to somebody about how you might want to do it.**

mm. good. Ok will you de-role these figures for me then?

Oh, I'm not Jiminy Cricket, this is not Hilary, this is not Co-therapist, this is not Tony. (and the rest. Lots of giggles).

Any questions for me?

No just was it helpful?

Absolutely. **Was it what you want?** Yes and its hard for me to not put my own questions in. **yeah but now I really want to know what they are. What your comments are. I'd be very interested.** Well it's the beliefs, you know what you do is what in psychodrama we would call role analysis. And its really nice. And its really looking at, its just so interesting the way, what I'm finding is that there is so much similarity in all of the ways we are working. I mean everybody does it as well!! People say, no I never use action, but everybody does it! So I'm just loving it. And I think that there is also something uniquely systemic about it. And that is exciting.

(R has to run to next appointment). **Lovely to see you – sorry it was so brief.**

My fault for getting lost.

End. (55 minutes) (8,137 words)

Transcription of doctorate interview, 8 August 2011

T5

(some small world figures were set up before the interview started.)

OK.

Now did I explain enough about the project to you? It's been a while since I've done the first interviews, but , I think for me, what I've noticed is how powerful using action is when you're working with families and how you really just, you know, just enable people to do things differently.

Sure.

Inviting them to do something…

Mmm.

Um So that's what I'm interested in and it's really kind of what is the theoretical underpinning as well of how family therapists use action, think about action. So we're going to use these small world figures and what I'm going to ask you to do is to describe an episode that you use with a family, that you can remember, with a family that comes a little bit later in the interview and to use small world figures to work things out so we can sort of do it in action as well as thinking about it. OK. I've been asked a number of times to distinguish between action and action methods.

Right.

And I think action methods are like techniques that you might use, so like psychodrama or you might use sculpting or you might use, I mean to me that's an action method, I think a genogram is an action method actually.

OK.

But when we're talking about action, I think I'm talking about that moment in therapy when people just think 'I've got this idea', you know, a more spontaneous kind of thinking about it. So let's start. So can I begin the interview proper by asking you about your background in family therapy and your interest in using action in therapy?

I suppose my background in family therapy goes back to about '83 when I was working in an in patient child psychiatry unit called Cherry Tree House for um younger children, up to 13. Um and I was a social worker employed

by uh the London Borough of Sutton but seconded to the NHS. Um and I spent five years there and as part of, I mean in a way the reason I went for the job was because part of the deal was that you got to go to the Tavi for two years for a introductory course in family therapy. So I went there in, I started the job in '82 and I went to the Tavi in '83, through '85 and that was sort of, one half day a week probably, remember back that far. And there wasn't an automatic follow on course at that point I don't think, I mean there may well have been but I certainly wasn't aware of what to do after this foundation course I suppose you would call it, of what then to do with this information. It was like, well that's it, so you just go back and you start doing it, which is what I did. I mean a colleague of mine who subsequently followed me on, by the time she had finished her course there was a next course and a next course, so I did that two year bit of training and was involved with uh families of young people on the unit and outpatient clinic as well, and stayed in that job for about five years and then got sort of distracted a little because it was sort of the early days of child sexual abuse becoming um more prominent and I sort of got lured back into more main stream social work and went back and uh became a team manager of that child protection team.

Um so I left sort of direct therapeutic work, although I was very keen that the team I was managing should do family therapy and direct work. And I sort of stayed in that field for some time, I think I was four years team manager and then I began to being principal child protection co-ordinator, so even further removed from direct work. And it was a period of sort of the early '90's, John Major, lots of cuts and I was sort of spending my whole life reducing services rather than encouraging and it didn't feel a very creative place to be and I won't bore you with the details but after a final blow out with an assistant director, um who remains nameless, um it clearly was was time for me to think about what I was going to do next. And I had decided to do a play therapy course around that time, which was just a um diploma I think it was, and that was um in Holburn, uh with uh drama and play therapy, drama therapy and play therapy was the sort of name of the organisation and I think it subsequently went on to become the masters' course of the Roehampton Institute.

Oh right, yeah.

Which is the play therapy course, but I enjoyed that and it sort of reawakened, re awoke various I suppose, uh well what fun it is to be doing therapeutic work. And actually this management stuff was really boring and not creative at all and so I came back into main stream uh therapeutic work in '94, when I joined this clinic, not in this building, but jointed this clinic, and have been here ever since and kept thinking I really must re-connect with my family therapy um training.

You say late '94?

'94 I came here, yeah. Reconnect with my family therapy training, but you know, the time wasn't right, we were very short of staff, but eventually I went back and did the Institute's intermediate course and then did the final masters at the Tavi, finishing in 2002 I think or something, something like that. And since then I've been here working with my colleague N, N. G. and we run the Thursday afternoon therapy clinic and I get to do obviously family therapy on my own and with other colleagues, some of which, you know, we've had a reasonably good success rate of people doing training and J M did it a couple of years ago and uh we've got a couple of colleagues doing it at the moment. So there's plenty of opportunity to do co-work with different people and people doing training. And obviously, unlike me, they didn't leave 20 years between the beginning of the training and the end, so they're actually still very enthusiastic and and want to see some of these ideas in place really and for them some of this stuff, certainly sculpting, only really exists in text books, I think. Because it's not being done too much these days, it seems to me.

You know, I remember as a student social worker doing sculpting in Camden Family Service Unit, with Dave Wilmott and sort of Virginia Satir was still wet on the page almost, you know, and it was a very exciting time. I think that for me that's what I connect with, in my mind I go back to that '78 period where there wasn't much being done in family therapy in main stream social services, but some of these other agencies like Family Welfare Association…

Do you know my friend, SM?

Yes, yes, yeah, she was there at the same time, yeah. She was a, I think she was um one of the supervisors. Yeah. And so that was a very exciting place to be and it felt very fresh and as well as, you know, very hippy and cool place to be: in Camden in the '70's. But it's the enthusiasm that I think becomes, when you can almost feel it, if somebody's enthusiastic about the way they work and I think that transfers to families and families actually, you know, you think god, it's a bit like the old techniques that if you wanted to start moving people around in a family, if you just merely asked them, would they like to move, the chances of them moving are probably one percent, but if you actually get up yourself and go across to them and gesture and you can, you can somehow sort of enthuse them with, well that they're going to trust you, you're not going to take them some place that is going to be a detrimental to them or their emotions, that you're actually going to look after them. And I think that's for me very important. I mean with individual work, some individual work I do, which is more straight play therapy I suppose, non-directive play therapy, the use of sand trays and this sort of thing, but even that, I've often done that with, not so much

whole families, but certainly mothers and children, where I get them to co-create a world in a sand tray, and you know, using some of the things like we have here (referring to the small world). And it's amazing how much more they communicate than if they're just sitting opposite each other trying to talk or trying to find the right words. Because I think, you know, most of us are not, I'm not that clever with words, you know, I much prefer to be doing stuff and things come out…

So would you say it was your preferred style of being in therapy?

I think so, yeah. I mean when I talk to colleagues now even, I was having a conversation, I was having a conversation with my wife the other day, I've got a couple of small grandchildren, and um I I'd found some toys in the loft that had been my son's and I was just thinking how precious these sorts of things were to *me* as a child: that toys were always much more, much more serious than adults would allow you to really think of them, they just thought, you know, I just weep when I see colleagues clearing their children's toys out and selling them at car boot sales, or giving them away. You know, I think if the child wants to do that, that's fine, then they'll have their own regrets, I can remember my son selling all his action men and then ten years later really regretting having, you know, so…

I remember going with Emily through what we were going to give to the school's fete…

Yep.

And we went, she choose them herself, and she went and bought them all back. (laughs)

I can remember giving, you know, huge amounts of dinghy toys and stuff that I had to a family that clearly needed them and I'm sure would have got good value out of them, but I really, I feel the pain, you know, (both laugh) 50, 60 years later, um that I hadn't still got them. Um and it's interesting on my desk upstairs one of the few things, that when I first came here they had lots of cars from 1950's and stuff still around and one of the little racing cars was a car that I had as a child, so I've stolen it and it sits on my desk. It makes me smile every day. s a convertible but it's a little Ford convertible,

but I'm riding a motor cycle at the moment, so I've got an old motor cycle, yeah.

OK. So your diploma in play therapy that was a year, a year long course?

Yeah, actually I don't think it was a year long course, I think it might have been six months.

Right.

But it was arranged so that um you went on a Friday evening, up to Holburn, then you came back on Saturday, came back on Sunday so it was every other weekend.

Right. Quite intense.

It was quite intense it was in a lovely old building, it was an old school building or something, so it all felt a bit musty and, but there was a, it was quite a small group of us, I think probably only about 20, and there was a real sense of, um well that you were exploring and taking risks with each other, maybe opening out to each other, but sharing stuff that perhaps… It wasn't a residential course, but it almost felt as if it was because you were, you know, getting there hung over from the night before or you felt almost as if you'd slept on the floor you know. And yeah, it was an enjoyable time, yeah an enjoyable time.

OK. Now, maybe we'll come back to that, I'm just interested, I'd like to know a little more about that connection that you felt with others there and whether you thought that was about the training, sounds like my psychodrama course as well which was very similarly arranged, although a much longer period of time, but go for weekends and get…

Yeah I guess it was, well I mean, I suppose it should always happen, but the people that were on the course were on it for the same, or similar reasons, they wanted to explore their own creativity, they wanted to explore their own capacity to play. It was very much based on trying to unlock your own capacity to play 'cos you know, I don't know, I'm not making these words up, I'm sure someone else has said them before, but you know, play therapy is not something you do to people. It might be something you do with people, so you have to be able to play yourself or to recognise the power of

play and I'm having constant discussions, particularly with young, don't know what they call them these days, but young registrars, they've got some silly number now, but who their consultant says you know, do a bit of direct play, go and talk to T5. And I try and talk to them about how pure play is and you're not there to be clever and interpret and come up with wise words or anything like that, you're just there to be a witness to their journey, and they find it very difficult I think to strip down their work to the point where I think it becomes pure play. And it's very hard sometimes to convince colleagues, certainly in schools and things, where you're given a young person to work with and maybe they're kicking off in school and everything else and they want you to therap this child, make him better, stop him being angry. And when you try and say look, I'm playing with this child, it's like yeah, but stop him being this that or the other, you know.

I see a young girl, who is nine, coming up ten, weekly and I see her in school, which is just two minutes down the road and I agreed to do that because I'd offered her therapy, four or five sessions and she didn't come to any of them and her parents are relatively chaotic, Mum is in and out of the local psychiatric hospital and Dad doesn't cope terribly well when she's not around and she's the youngest of four children. And she comes to school and she may have soiled herself and the kids call her smelly and she's quite a big girl, so she punches them, bullies them and all the rest of it. And I've agreed to do some play work with her and a little bit like here (referring to the small world), I I take my bag and I've got a few bits and pieces, characters and I use the same characters every week and she can choose which one she wants to play with, and I've been working with her now for about eight sessions and the themes that come through are: adults can't be trusted; they break promises; um they give you the impression that they're going to allow you to have an animal or something like that and then they sell it; they take you on holiday then they run out of money so you have to come home again. Everything is sort of… nothing is sure. Nothing's predictable. I mean she's going away on holiday this next week, for half term, and I saw her yesterday and she doesn't think they're going to last the week. She thinks they're going to run out of money and they'll have to come home. Or there'll be some crisis. Um and she told me very movingly how, um she looks tired all the time, and she's not sleeping but she gets out of bed, she doesn't have a comfortable bed, she says, she tries to get in with her sister, her sister kicks her out, her sister is a little bit older. So she comes downstairs and she gets in the cage with the dog, gosh they've got a pitbull dog.

Of course.

A pitbull of course. But and she snuggles up with the dog and it's a bit cramped, you know one of these cages, but she feels safe. And and she talks to the dog and the dog doesn't let her down. Um and I'm trying to say to

the school look, at the moment she's repeating these patterns every week, not the same story, but the same outcome really. Uh that adults can't be trusted and um you'd best make your own luck, because no one else can. Um And really, I think my task is to allow her to do that until she begins to create some endings that give us some alternatives.

Right.

At the moment she's not getting that far, she's just, everything…

She's just showing you the dilemma.

Yeah, everything ends in doom. Yeah, people get killed, um nice people come along and then turn nasty. And it's interesting, one of the um characters I use is um like a dinosaur, it's a McDonalds toy…

Yes, lots of these are

A dinosaur that you can flip it's head and it changes from a face to a snarl, so it completely flips over and she uses that a lot. Um but yeah, fascinating.

OK OK. So alright, I'd like you to talk in general about theory, what are the sorts of theoretical underpinnings that you have for using action, with families, I mean I want to talk about individuals as well, but I'm particularly interested in families, I'm just going to check that this is indeed doing what it's supposed to do. (checking camera) Yep, good.

Um, I guess, gosh, a long time since I've spoken about theories.

Well what grounds you in the session?

I mean well I think, it's not a theory, but I think that, I think that um it's very brave of families to come for help um and I think that as clinicians we have to really demonstrate that in a respectful way, that, you know, I was

never more pleased than when family therapy sort of slid from being, um grand parental advice giving, normally by men, um into um sort of sitting alongside families and um you know, co-creating where we go, because that sort of de homage type of approach, you know the sort of 'I give you the problem, you give me the answer' never really fitted and it doesn't, I suppose it never fitted with my, my way of learning.

Um I, when I left school, I um became an apprentice hair dresser at 15 and did my three year apprenticeship and then went on to, back in the '60's, you know, went on to work in salons and manage salons and I stayed in hairdressing for 11 years before deciding to um branch out into social work. And I suppose that has never really left me, that the apprentice, the traditional apprentice model of teaching is to show somebody something and then have them do it and watch them and it's sort of a dance almost, um and you practice and practice and practice and so I, I learn best by being shown rather than being told this is how you do it, you know, and I learn best by um being allowed to, I was going to say 'be allowed to make mistakes', but I don't really believe that, I suppose being allowed to deviate from the path that's been chosen and come back to it if that seems appropriate. So I think of it rather than, if you're going from A to B, rather than take the motorway you take the B road and it might take a little longer and you might have to meander a bit, but actually you're opening yourself to much more opportunities of pleasure, enjoyment, scariness, you know.

And I think that's the journey that I'd like to take some families on, or go with families, down those other routes where there's more opportunities whereas on a motorway, you've got exits every so many miles, but nothing in between, whereas on a B road, there's opportunities for coming together, almost on every corner. Um and I think if we can help families to sort of slow down and enjoy the scenery really, I mean my wife constantly tells me that I'm a hopeless driver because I'm always pointing out the buildings, 'look above that shop, look at that architecture, look at those windows', which is perhaps why I drive an open topped car and ride a motor cycle, you know, I want to be looking round. Um being distracted I suppose. And it's the distraction that for me is the interesting bit really. (OK) So how does that leave us in terms of theoretical, I guess I want families to feel after being in a room with me, that I tried to understand where they were coming from, that I was searching for their truth, um rather than thinking that I um knew what to do when I'm in the room. You know?

You use the word as a 'clinician', you said before, I just wondered what does that mean to you to be a 'clinician'?

I think, I think this is a job that you know, that that very few people get to do, for as long as you know, we've been doing it. And actually it's incredibly privileged, you know, it's different from chatting with your friends about their worries or their problems or sharing your worries with friends, it's a different type of relationship and I almost struggle a little bit, because were not meeting as equals, because they have an expectation that you do know some stuff, you know, and I think to pretend that you don't, or pretend that we're equal just doesn't feel right, I mean, even going back to the hairdressing days, people didn't come to have their hair cut because they thought well you didn't know what to do, but you could talk the talk, you know. They actually came for the haircut and so there had to be some skill there to start with, but then you co-created that hair cut by talking to them and finding out what they wanted to do. I mean it's interesting, I suppose I've been thinking a lot about my own hairdressing days recently, in the last couple of weeks because of the stuff around Sassoon dying, you know, Vidal Sassoon died about two weeks ago.

Yeah?

So there was a programme the other evening on his life, and of course I went into hairdressing in '64, when he was that bit older, but it was around that whole getting away from rollers and stuff and into blow drying and precision cutting and bobs and stuff rather than lacquer and back combing. So it was on that cusp really. And so, but yeah, you had to talk to people…

To find out…

find out what they want, what their lifestyles were, you know, if somebody, you know, isn't able or doesn't have the time to do their hair every morning then it needs to be able to get up and go, that's different to being able to spend an hour playing around with it, you know. Um.

OK.

yeah, so talking with families and trying to to demonstrate that they brought their worries.

OK. Thinking about action, and the kind of action that you might use with families, how well do you think that was covered on your training?

I don't think it was covered at all. Really.

Well anything, little input about it or why it might be helpful?

I mean, you said earlier, you know, that even genograms are action, I think yes, to some extent, genograms were covered, you know in terms of the usefulness of it and that sort of thing, but I suppose the difficulty I had in coming back to training fairly late, I was whatever, over 50. Sort of I'd done that really, and was doing it and had been doing it you know, the last 20 years, so it was more confirming that what I was doing wasn't too far away from where I should be really, I suppose is what I needed from the training, it was a rubber stamp to say, you know, you're vaguely on the right track. So it wasn't like learning the stuff new.

What was your MSc research?

It was on uh settled travelling families. (Name of place) is quite a, or was, quite a well-known traveller area because of the connection with Epsom Downs and the Derby and, which is I suspect, so we had in fact quite a few um travellers who were lodged in (name of place) and surroundings areas for a couple of weeks before the Derby, it's quite a family tour, so it was about house dwelling travellers, second generation and whether they still feel connected to their roots, so I interviewed a number of yeah, a number of families.

OK. I can think of lots of action in some circumstances you might use with those families. OK. Can you describe an episode when you used action in a therapeutic situation with a family? Kind of focussed on a specific…

I suppose thinking about sculpting as an action, there was a family with a teenage girl, teenage girl of I think 14, rising 15, younger sister, mother and father. Um white British. Girl went to a private school, privately educated, in fact both girls did I think, Dad I think was an accountant, uh Mum had done art at university but then hadn't worked for a while and now was getting into um education around her daughter's dyslexia. And the

relationship between the teenage girl and the mother was extremely poor and Mum was unable to show very much emotion.

What was the presenting problem again?

Um the presenting problem was the child's behaviour at home. She was kicking off all the time, she'd also been a little promiscuous. And um well there were rows of the time, I mean she was storming out and she was I guess at the risk of self-harm, she threatened to cut herself. But I think it was the level of disruption in the family home and in school that was the main problem. Sorry.

Do you want to set it up, shall we set it up. So the girl, the mother, the father and you? Are there others? (turning the focus the small world and asking him to choose figures for each person).

No, there are others, we had, on this, well in fact on this particular occasion I think there was only me, my colleagues had let me down, they'd gone sick or holiday or something.

Oh dear.

So…

I've got more things here.

That's OK, we can have Dad, we can have Dad (choosing Woody), we can have younger sister, who is I think about 11, just gone to high school. And why did I choose Miss Piggy?

Well that's a good…

Well she is a little sort of amply built this young lady, but that's not why I'm choosing Miss Piggy, she's quite feisty and I sort of think of Miss Piggy as being quite feisty, yeah.

OK.

I'm choosing Woody as the dad because, I think Dad is quite well intentioned, but sort of gets it wrong and I think for me, the Woody character in the Toy Story, you know, he is quite good intentioned but not quite worldly enough to get it right sometimes, yeah. Now, um Mum I think… (thoughtful)

Do you want me to get some more out? (getting more out).

No, I don't want to be too unkind to Mum, but she can be a little prickly and a bit cool emotionally, so I'm going to choose this, is it an armadillo or something?

It's a dinosaur, a triceratops.

Is it well OK, that will do. I think this can be Mum. And then for the girl, who is terribly, terribly interested in how she looks, and is a bit of, I think she sees herself, you know in an ideal world, would be a model or something, or certainly around the beauty world, I'm going to go for this, as a sort of show pony type of thing.

OK.

And normally there would be myself and a colleague, in co-therapy, and then we would have maybe a couple of reflecting team members.

OK.

And we sort of stopped using the screen recently and I think, well the machinery broke down for a while and we got used to being without it and we sort of quite like having our colleague sat in the corner or the room now and families seem to be more comfortable with it because they can see what they're doing, they're not giggling, they're not doodling, they're not yawning, they're you know, they're there, they're part of the session. So that's what I would normally have, but on this particular occasion I was on my own and…

So you?

Oh sorry, I need to have me, I was forgetting about me. Oh gosh, I think I'd have to be something old and, a bison or something, a buffalo, yeah, that'll do. Old and a bit misshapen. There we go.

Um the previous session we had suggested a little piece of work that might be done and from my years as a social worker and transporting children around the country after some crisis or other, I remembered vividly that sometimes the best times with these young people was when you were travelling on a motor way, late at night, in the dark, where you were both just staring straight ahead and you asked about cars, and you know, I had this little old MG that you were never very far away from the passenger, you know, and it had quite high window sills, so you felt as if you were sort of held inside it, you know, the windscreen was quite narrow, so it was quite a womb like structure almost. And young people I was particularly thinking of a young boy who had burnt down a wing of a stately home, and he was having to be moved in an emergency and we were travelling down this road in, motorway in Kent and he began to talk about his family in a way that he'd never, ever done when I was sitting opposite him in a sunny room. Suddenly, not having my gaze or um expectation, I was busy driving and just, he was just able to think out loud almost.

So I suggested that maybe these two, Mum and daughter, could take themselves on an imaginary, you know, repeat of that journey that I had in my mind and this was the summer time. So the nights were…

Sorry, what was going on, just was going on there that made that journey come into your mind?

I think the fact that they couldn't communicate with each other without fighting.

OK.

They couldn't … Mum would say 'every time I try and help her with her dyslexia or encourage her' this was coming up to um, she had an examination coming up, or course work, it was earlier this year. She had coursework for her art, it was due and she was behind and she kept, Mum kept trying to get her to do the work at the weekend, remember Mum had been to university doing art, so there was an element of 'my work will never be as good as yours', so that sort of poten, sort of competition, and Mum wasn't really doing anything to lower the bar.

Right.

You know, so there *was* an element of competition. And they couldn't talk to each other without screaming and then she was torn off. And Mum would burst into tears, so it was that high energy emotional. Um and she, the little girl, the 11 year old sister, was very good at trying to placate both of them, so she'd make comments about 'Mum's not too bad' to the sister and then 'my sister's not too bad', I mean she would try and show a positive side to both of them. Dad would sit and observe all of this and then um sort of come in almost with some co-therapeutic crap at the end, you know, as if 'well I've watched this and this is my pronouncement on my family', but he was an absent father, he worked long hours, he'd had a heart attack a couple of years before, given up his accountancy practice then I think and and was working in publishing, no in advertising, which was a much younger, buoyant sort of world and he was trying to keep up with it. I mean he still looked an accountant and he said you know 'I'm the only one in my office that wears a suit and tie', but I think he was chasing after the work, so there was an element of 'is he going to have another heart attack?' So there was an unspoken elephant in the room almost, which was this 'is he going to keel over', you know.

Right. OK. So…

So thinking about communication, came these journeys that I used to do with um young people in care. And so I suggested that, they lived locally, in Sxxxx I believe, and I suggested that the two of them go on a car journey together. And I was more prescriptive than I would normally be, and I suppose I just got carried away with what it was about my car journeys that worked and it was the darkness and it was the motorway etc, so I said OK, look, the car journey has to be at least 30 minutes, it has to be dark and you have to be on a motorway. So the obvious one round here would be to go to Rxxxxxx, get on the Mxx and go to Gxxxxxx, turn around and come back again. That would give you about 30 minutes each way on a straight motorway road. So yeah, yeah, they were going to do this piece of homework. So they turned up this next week, three weeks later, only me, and they hadn't done it. And I thought, OK, I'm trying to remember way back, when you give tasks, do you get cross about it, do you think, who cares, it was a rubbish task anyway, or do you go down the sort of you'll never know whether it would have worked or not. And I'm thinking, do you know, I'm not comfortable with any of those, I really felt I wanted them to experience doing it.

Yeah.

So I said OK, look, this is a bit unorthodox because I haven't got my colleagues with me, so what I'd like you to try and do is do the task here.

Right.

So I'm going to turn the lights off, and we're going to pretend that you're in a car. Put your chairs together and you two, you're going to have to be my reflective team, because I don't have any colleagues, so you two must go and sit over there, corner of the room, which they did. And then I asked, this is Mum, I asked Mum if she could pretend to be holding a steering wheel and make brrrmming noises. Which she found incredibly difficult and was a little bit self-conscious of. But tried. You know, she was game for it.

And where were you in relation…

I was just sitting here. Yeah. And I would wander between being over here and come back here and I was just, 'can you just try and do it, you know, you just imagine it you've just hit R (name of town), you've turned left, you're on the slip road, down to the motorway' and she said 'this is stupid, this is really stupid' and Mum said, and she said, because they said they hadn't had time to do the task, and she said 'That's not what you said, you said it was a stupid task and because this time of year it doesn't get dark until half past nine, we're not going to be going out at half past nine at night so you refused to do the task. I would have done it.' I said 'well doesn't matter, you're here now, do it now'. And this mum, you know the girl, the young girl was protesting that 'I just feel stupid', but Mum was trying really hard and I said you mustn't look at each other, you're just going to stare ahead. To cut a long story short, they did the task of sorts, I mean they stopped it prematurely. But then when I turned to my co-therapists and asked them, I mean they'd been experienced…

Sorry, did you let it go for half an hour then?

No, no, no. It was five minutes, ten minutes. Um but when I turned to the co-therapists who had been experiencing um reflective team feedback, so they knew what to expect.

They knew what the script was.

They knew what the script was, so I asked them to feed back and they were wonderful, they fed back as if they were my colleagues. They gave me two or three points, they reminded each other they shouldn't give too many instructions. And you know, almost dressed dressed up to the game, like they were in the role and they were going to do it and they gave feed back and they said how uncomfortable they both looked, but actually in a way they made the point that actually somehow doing the task evened up the relationship, that it wasn't sort of 'accomplished artist trying to encourage daughter to do some art', somehow being sat there, both looking uncomfortable sort of gave them an equal playing field a little bit. And that, being outside of the house, although obviously they were pretending to be in a car, there wasn't the usual trappings of defence that were around or territories, they made the point that actually if a row broke out in the kitchen, that would feel much more like Mum's territory. So she would tend to feel more confident. If a row broke out in her bedroom then the opposite would be true. She could demand Mum leave the bedroom, slam the door. So this gave them a bit of an area where there wasn't those trappings, so they had to be a bit more bare, a bit more stripped down. And you know, there's no fabulous answer, it didn't make them wonderfully come together, but they tried.

And a couple of sessions later we decided to do a sculpt.

Right.

But this time…

OK, before we go into that, I just wonder what was your therapeutic intention, was to get the balance different?

I think it was to take them out of their, it's a bit of, you know, war analogy, but to take them out of their trenches where they had dug in and were just lobbing bricks at each other or grenades at each other and to bring them out to a new place that really didn't have that association. So almost no man's land, you know, I wanted them to play football in no man's land I suppose is what I wanted them to do, you know the famous story of the Christmas day. I wanted them to just be without any of their hiding places, but not in a scary exposed way, although you could say asking them to do this was quite exposing…

But it sounds like you did quite a lot to create safety in the room.

Yeah, I didn't want it to go on for too long, I just wanted them to get a flavour or whether they could actually begin sentences and talk, begin the batting backwards and forwards, I didn't want it to turn into a full scale confession or fight, but just begin to say look, I can say a sentence and you can say one back to me and that works. Almost, you know that's the beginning of it working.

And how did it change you, that episode?

I think that they, I think they, you know all of us, because it was interesting that these obviously were part of the family but they were my reflective team, and you know, we talked a lot about the, you know, family therapy, the therapists and the family, it's one system hence you know, I suppose I felt more part of them, I felt I had joined their system. I think these (father and eleven year old) felt they had joined mine, and I think they (mother and daughter) thought actually it was quite fun, you know. So there was an element of playfulness that two or three sessions later when we decided to do a sculpt, we decided to do a sculpt with a difference, and it was partly because one of our colleagues is in training and I'd been chatting to her over coffee before we saw the family and they'd been reading something about sculpt and she said I've never really seen one. And I said well we could do one, you know, but I wanted to try and do one that was a bit different. So and in a way I suppose what I wanted to do was to pay back the family for being brave enough to play with me. So what I did was lay out a sculpt and say look what we're going to do is we're going to do a sculpt and you're all going to be the reflective team today. So the family sat in our seats, in our reflective seats in the corner of the room.

Right.

And I directed a sculpt with my colleagues playing them. So I was still moving, directing people around, gosh, who am I going to choose for N, now this is fun. I think this dog looks, she likes cats though doesn't she. Have you got a cat? Oh yes, you have a cat. N's a cat person. So we had N, sorry we had the cat. I'm trying now to remember who was who in the, no actually this is N. This is a wise, is it Balloo or something…

Yeah, something like that.

I think this is N. So we had, I'm trying to think how many, we had well there were four, yeah, four and me. So we had…

Got lots of cars (taking more figures out of the bag- trying to be helpful).

The mother, we had the younger daughter and basically it was just a traditional sculpt where they were asked to position themselves as a marital couple and they chose to position themselves alongside each other.

So they positioned themselves or the family told them where to stand?

No, no, it was us positioning…

What you saw?

What we had seen.

OK.

So I was taking each of them in my head and saying, OK, this is who you are, can you organise your family in terms of distance, uh, whether they're facing you, not facing you, whether they're touching you or not touching you in relation, I mean we didn't have a huge amount of room, but you know, and at one point one of them, the um the teenage girl, placed, this is her father, placed her father actually by the door, because he's never quite there and I think he was almost even facing the door. She placed herself facing away, her mother was there and the younger one was close up to Mum. And then we we um asked the dad figure, well could you, you know, create your ideal scenario and he wanted to obviously bring them in but she was reluctant to come and I think what was powerful for me is that the family watched, then we froze it, and then I invited them to…

So hold on, I just want to be clear about it, because, so you asked the person who was taking the role to see…

To create…

To create their view of the family? So it was the person who was taking the role of the teenage girl?

Yep.

Who put the teenage girl facing away and the father over there.

Yeah. And…

That's an interesting…

And this one wanted her to come in.

Right.

But in a way she didn't know where to put her, because clearly putting her facing Mum wasn't going to work, facing away looked, I mean she's not part of the family if she's facing away, she's on the outside and it was real dilemma for her and she really struggled with that, I want my sister in, because that's where she's supposed to be. But actually she doesn't fit. Because of her behaviour, she doesn't fit. And she has made herself an outsider and she talked a lot about, you know, I'm nearly 16, I'll be gone soon, I'll be, you know, all the usual teenage bit. And Dad had really unrealistic expectations of this ideal family. They had just come back from Rome I think it was, they'd had a lovely holiday and he, you know, said it was lovely, if only it could be like that all the time, and we spent, you know, basically you weren't off out with your friends all the time, you had to be with us and he was saying how fabulous it was and she would be saying…

It was boring.

It was boring. Being traipsed around Rome or whatever. And then they had to have, you know, a beach holiday at the end of it for a few days, you

know, um and he clearly took great pride in his two beautiful daughters and all the Italian waiters giving them lots of attention and you know, this is my beautiful daughters. Uh, whereas she was just embarrassed by the whole thing: hanging out with your parents. So I was just really asking them to do different things and then we asked the family to reflect on what they had seen and whether any of it was even remotely accurate. And Mum in particular became quite emotional and I think visually seeing that, the the the space between her and her daughter was, I mean Mum had cried before, but you know, was just, I think she was pained by this, this gap. And I think maybe even came to a recognition that perhaps there wasn't really enough time left to heal that gap before the daughter did leave, went off to university or something, you know. And I think that what was said was this is a mum who lost her own mother quite young, I can't remember whether she was 13 or 11, but quite young, maybe 11. And her father, but she stoically just got on with her life and was a good student and didn't give her father any cause to worry about her. Or think that she wasn't coping. And it's almost as if she's stuck in that place and she doesn't know how to be with a teenage girl as a mum because she's not had any role model whatsoever.

And the action that the sculpt opened up that conversation?

I think it opened it up in a way that we had been *talking* a lot about that emotional coolness of Mum in our post sessions, but hadn't managed to find a way or be brave enough perhaps to say it, it felt too cruel to say it in words, but somehow to show it, it felt a bit more natural.

So the therapeutic element of showing it was….

So that they could draw some conclusions themselves. And weren't being told, they would come to their own place where perhaps they could see what was happening and therefore resolutions might come from that, you know.

Good.

Yeah. So it was powerful, it was very powerful. And it was also fun.

Yeah.

You know, it was fun.

So how did that change things in the family then, do a quick review…

Yeah, I mean we've only seen them I think once or twice since then, I mean it didn't change things dramatically, but they're talking still. Um they've, I think that Mum has backed off a little bit in terms of of trying to push her daughter into, I mean she knows she's not an academic genius but she's still at this quite high academic school.

Had you revisited the sculpt in…

We haven't, no. We haven't and that's interesting. Because we're seeing them next week, week after next, after half term. And this has just made me think, hmm, maybe we will, maybe it's time to re-visit the sculpt, but to get them to do it this time. You know, they can play their own roles. Which is, I mean I often, what I used to do, I'm just thinking back to other enactments that I used to do, I often used to do, I mean way back in the '80's I suppose, where I'd get family members to swap places. I mean this came about almost by accident in my own family. Had two children and we had a round table and like a lot of families, everybody would sit in the same place. And my son, when he was about three, was on a chair that was obviously not a high chair, but higher chair and his legs used to stick straight out, because of the way he was sitting I suppose and when he was bored or when he was waiting for the meal to be ready, he'd kick the underneath of the table with his toes. And I just got so fed up with this one day, and I said, OK, this is what's going to happen. We're all going to change places and we're all going to be whoever normally sits in that chair.

Oh right, OK.

So I got to be him and got to kick me underneath of the table. To a point that he, you know, well his sister said, 'Look, stop it, you know, stop it Daddy', and I said 'I'm not Daddy, I'm Dominic'. 'Stop it Dominic'. And so we laughed about it. But then I thought actually this was quite fun, so I started using it with families, not kicking tables necessarily, but swapping them over…

It's role reversal.

It's role reversal and try and be whoever, whoever's seat you're sitting in. And sometimes it didn't work at all and they sat there sullenly. But sometimes it worked and sometimes they had fun, particularly little children being grown-ups. It's interesting my daughter now works in a school and one of the prizes at a recent auction was be a head master for the day.

Oh wow.

That the parents had to bid and that these ten year olds can be a head master for the day and make rules, you know. (talking together)

How did it change you, I wonder, the sculpt, your view of the family, how you work with them or…

I think actually seeing my colleagues role play them. It's interesting I was talking about going back to the previous sculpt of getting them sitting together and somehow stripping down and finding a neutral place, I think seeing my colleagues role play them, um there was a neutrality, it almost, uh I think I felt more privileged to be part of this journey that they were going on or they were allowing us to share in that, but also seeing my colleagues role play, it was like this is our problem, this is your problem, it's sort of, um it's not client/therapist, it's like we're all in this struggling together and seeing them struggle to position themselves, uh I guess made it more, this could be any of us, any of us could actually be in this position.

So did it make you feel more connected to the family in a kind of way? I'm just trying to….

I think more connected. More…

You used the word neutrality, so kind of...

I suppose it left me feeling this could quite easily be me bringing my family into therapy. Uh … and how I would want, I would want to be worked with in a way that was creative and fun,um, not too stuffy um… (right) and not too 'I know what to do', you know, but actually seeing us swimming around not quite knowing. It was the 'not knowing' I think that I enjoyed them

witnessing and I thought that that in fact brought the group of us together in a way that maybe we hadn't been before.

OK. Right. We've been talking for about an hour and half.

Gosh.

So um let's de-role the figures.

Yep. N you are not Balloo. (both giggle).

We can stick them in here.

And this is not Dad, and this is not the daughter. And this is not Mum, this is not the younger daughter. This is not Dad and this is not me.

OK. I'll do that in a minute.

OK.

So anything about the process that you want, this process that might be interesting to note or not?

No, it was enjoyable. I wasn't quite sure what we were going to do with the toys when you took them out or whose story we were looking at. But I guess, you know, practice what you preach, I would have tried to do whatever it was you wanted me to do, it felt, I feel quite looked after. **(oh good)** I don't feel that you would have placed me in a position that was, you know too disclosing or too embarrassing or whatever, I felt I was within a structure, so that felt comfortable. Which I guess is I suppose what we try and do with families. **(good)** To hold them in something they know we're not going to go too bizarre. Sometimes maybe they think we have.

There were other things we could have done to develop it but it felt like you were just, you were off with it, so OK. Any questions for me?

I don't think so. I don't think so. Sorry to have talked too much.

No, not at all, gosh, not at all.

No.

OK. Good. Well thank you very much.

You're very welcome.

It's interesting because I think something happens in this, because everybody has said, everybody and maybe you would anyway have talked about, alright, let me ask you that, because how was doing it like that different from talking about it?

For me, um it created a um memory picture much more vividly than if I'd just been talking. Maybe I would have been thinking where were they standing, but actually trying to you know, set up the parameters of the room in my head and this is where the therapists sit or the reflecting team sits, it just made it, you know, I wasn't really thinking about the characters as such…

A memory picture.

So I could see it.

And what was the value of being able to see it, in that moment?

It's more real, for somebody who has a learning style which is about pictures and diagrams, and you know, I I I can, I can connect in terms of remembering a family much more by looking at their family tree than I can by reading a passage. And my family trees are always quite complicated, they've got arrows all over the place but they, you know, it's better than three pages of written stuff for me. Um so I think by just by positioning the family I was back in the room watching it happen. So it felt as if that was actually happening.

Well thank you very much.

Yeah, I think it leaves a more powerful imprint.

OK. Thank you.

And my last question is what would you like to be called in the transcript, do you have a preference. Calling you a name. I won't call you T, I'll call you something else, what do you want to be called.

You can call me T, I don't have a problem with being called T.

Alright.

Yeah.

That's who I am.

OK. You don't want me to change your names.

That's OK.

OK. Well thank you, gosh. Now I need to do lots and lots of typing.

That's the worst part of it. That's the worst part of it.

Let's stop. One hour and six minutes. Turn this off…

End of recording.

Appendix Six

Chapter for: Empowering Therapeutic Practice:
Integrating Psychodrama with other Therapies,
edited by Dr Mark Farrall, Dr Paul Holmes and Dr Kate Kirk.
2014, Jessica Kingsley Publishers.
Email addresses for correspondence:
Chip Chimera: chipchimera@btinternet.com

Passion in Action: Family Systems Therapy and Psychodrama

Chip Chimera

This chapter aims to show that psychodrama and family therapy have much to offer each other and that at each level of consideration there are connections that practitioners of both approaches would recognise and 'own'. Following the guidance in Approach, Method and Technique (Burnham 1992) the chapter examines those connections. A brief examination of the philosophical underpinnings and influences of the two approaches is followed by a discussion of the practice frameworks and theories of family therapy and psychodrama. Finally connections between the techniques of the two approaches are explored. It begins with a vignette from practice.

SETTING THE SCENE

The atmosphere in the therapy room is tense. The family – mother, father and 13 year old girl – have reached the heart of the matter with the therapist. Sarah, the daughter had emailed a photo of her naked self to her 17 year old boyfriend, who then posted it on Face Book. Sarah has begun self-harming through cutting and restricting food intake. The shame and humiliation the whole episode has brought to the family has caused them to look more deeply at their relationships. The therapeutic conversation has moved beyond descriptions of behavioural expectations to the impact of this and consequent events on the family relationships.

As Sarah's father, a Deacon in the family's church, and her mother, a member of the board of governors of Sarah's school, tell her how shamed and disappointed they are, Sarah begins to retreat into herself, becomes silenced and loses her voice. The therapist recognises the danger of a symmetrical escalation of defensive blaming and the likelihood of getting stuck if the girl cannot find a way to communicate. She moves next to the Sarah and asks if she can speak as the Sarah's 'strong inner voice' and if it is ok to put her hand on her shoulder. Using the psychodrama technique of

the ‘containing double’ (Hudgins 2003) she puts her hand gently on the girl’s shoulder and speaking as if she is her says quietly while looking at both parents, ‘Mom, Dad, I know how much this has hurt you and that I cannot take back what has happened. I don’t really know why I did it. I am worried that you won’t ever be able to love me again and I can say here that I did not mean to hurt you.’ The therapist then asks the girl if her inner voice is right. Now Sarah has her head down and is quietly crying. She nods her head yes. The therapist asks her to put it into her own words. Through tears she says ‘I am so sorry, I didn’t think you loved me. I just seem to let you down all the time.’

As Sarah looks from one parent to the other, the mother moves across the room to her side and puts her arm around her daughter. The therapist moves away and invites the father to move in to support his daughter too. This is a moment of connection which can be revisited later in order to help the healing move forward. This is a shared positive and meaningful experience which is one step on the road to healing. For now it is enough to hold the moment in experiencing and allow the family some space to quietly be with each other.

INTRODUCTION

Psychodrama and psychodramatic techniques have always been used in many ways in family therapy. The above vignette is but one small illustration of the power of psychodramatic action in opening emotional space which may have formerly been thought to be inaccessible.

In what follows I hope to show how the two disciplines of systemic family therapy and psychodrama have much in common from their philosophical roots, to their understanding of how to work with problems, to their sharing of procedures and techniques. There are points of divergence however both family therapists and psychodramatists benefit from a mutual understanding of the common points in each approach.

Psychodrama’s ability to ‘surprise the mind’ of clients and therapists alike brings the potential for an added dimension of ‘sparkle’ to the therapy room where clients and therapists can become bogged down and ‘problem saturated’ (White 1988)

The two approaches are united in a view of humans as problem solvers and strength holders rather than problem makers and deficit holders. Both seek to avoid descriptions of clients as emotionally impoverished or

psychologically deficit and also try to work within a health service in which DSM 5 (American Psychiatric Association 2013) definitions are necessary in order for families and individuals to get a service.

PSYCHODRAMA AND FAMILY AND COUPLE WORK – A VERY BRIEF HISTORY

At least a decade before family therapy was conceived as a separate discipline, J. L. Moreno, the creator of psychodrama, was trying to be helpful to couples and families. In Psychodrama First Volume (Moreno 1977/1946 pgs 233- 245) Moreno has a chapter on interpersonal relationships in which he documents the treatment 'a few years ago' of a 'matrimonial triangle' in a 20 year marriage. The wife suffered from 'hysterical attacks, insomnia and suicidal ideas' and the husband was having an affair. Moreno undertook a form of couples therapy in which he saw them each individually acting as an 'auxiliary ego' for the other until they were able to meet with each other. Even though Moreno used the language of psychoanalysis, he saw the 'neurosis' as existing in the system of the three people and not just in the symptomatic person. He states:

> My technique consisted in having alternating sessions with her and with him, always bringing to each party an active and subjectivistic report of what they had to say in regard to each other. The more I went on with the work, the more I realised that I was not treating one person or the other, but an "inter-personal" relationship, or what one may call an "inter-personal neurosis". (Moreno1977 page 236)

In the treatment Moreno states he avoided diagnosis and treated the relationship. This was revolutionary thinking and practice for the time. Interestingly at around the same time Gregory Bateson, the inspirational thinker behind systemic family therapy, was attending the Macy conferences on cybernetics and human systems in New York.

Moreno presented his work with couples as an active form of psychotherapy. He defined the auxiliary ego, a central construct in psychodrama, as having two functions, first as a representation of the present client, and secondly as a representation of the absent person. In this way he hoped to break the 'isolated treatment in a psychiatric or psychoanalytic office.'(pg 233).

Moreno proceeds more like an artist than a therapist ''not like an advocate who tries to influence an opponent for the sake of his client, and not like a laboratory scientist who presents his findings as objectively as possible, but like a poet who enters with his feelings and his fantasy into the dramatis persona of his hero.' (pg 235)

By including himself, as auxiliary ego, in the system that is being treated, Moreno precedes developments in family therapy by several decades. He introduces the person of the therapist into the system and explores the healing potential that is distributed in interpersonal networks and families, not in the therapist or in the clients, but in the whole system.

Many psychodramatists since Moreno have written about and explored work with couples and families. (Hollander 1983, Hale 1985, Williams 1989, Zerka Moreno 1991, Weiner 1994, Weiner and Oxford 2001, Farmer and Geller 2003, Dayton 2005, Gershoni 2005). A number of these, like the present writer, are trained in both systemic family therapy and psychodrama (Williams, Farmer, Weiner and Oxford). Some writers (Hollander, Williams, Farmer and Geller) have applied psychodrama to a particular school of family therapy. Others have written more generally regarding systemic approaches. Although there have been a number of us who regularly present on using psychodrama and action methods in family therapy, psychodrama itself is still relatively unknown to most family therapists.

FAMILY SYSTEMS THERAPY AND THERAPIST DIRECTED ACTION – AN OVERVIEW

This section looks at the development of the different models of systemic family therapy in light of their use of dramatic action in practice. Although still a relative newcomer to the world of psychological explanation, systemic family therapy is now well established as a treatment modality. Since the post war Macy conferences in the late 1940's, the science of cybernetics – the understanding of how systems regulate themselves - has been applied to biological systems, including human ones. Gregory Bateson, the foundational thinker and inspiration for the application of cybernetics to understanding family interaction, was intensely interested in pattern and difference, in particular 'the pattern which connects' and 'the difference which makes a difference.' (Bateson 1972). These two fundamental concerns have been at the heart of systemic family therapy practice ever since.

From its birth in the 1950's and 60's systemic family therapy has become a powerful therapeutic movement which has spread across the globe and into most cultures and societies. The 1970's saw an explosion of interest and training in family therapy. The Institute of Family Therapy was established in London in 1977. The Journal of Family Therapy was started in 1979.

Whilst recognising that individual beliefs and feelings are important, family systems thinkers are more interested in what happens between people than in what happens inside a particular individual. This immediately brings a

focus to action – what people *do* with each other as a result of their beliefs and feelings.

Because of this interest in how people behave in relation to each other dramatic methods have been present in family therapy ever since its inception. The very first edition of the Journal of Family Therapy contained an article by Erica De'Ath on the use of action methods in family sessions and in training. She defines action methods as "specific acts or actions the therapist engages in to implement a strategy… a deliberate intervention which will provide material shared with the family and therapist." (De'Ath 1979 page 231)

For our purposes here, dramatic action is distinguished from other forms of action methods such as art. In this context dramatic action is introduced by the therapist with a therapeutic end in mind.

The three early models of family therapy, Strategic, Structural and Milan Systemic, took as a central tenet that the family was a system which could be observed by an outsider and understood through observation. This orientation, of the observer as separate to the system but with the potential to influence the system, is often referred to as the first phase of family therapy (Dallos and Draper 2000). Interventions were devised which addressed family interaction and aimed to change unhelpful patterns by rendering them of no further value to the family.

In the Structural model Salvador Minuchin (Minuchin and Fishman 1981) and his followers might direct enactments in the therapy room, asking families to 'show me how that happens at home.' The structural therapist might then ask the family members to it again but to 'do something different' thus encouraging both a greater understanding of the problem and also experiment with change, developing new ways of being.

In the Strategic model the use of metaphor became widely used and techniques were developed specifically to elicit spontaneous and creative connections between family members which had hitherto been undiscovered. (Papp 1982 e.g.) Again, these were therapist directed interventions designed to provoke different ways of seeing on the part of the clients.

In the Strategic and Milan models, a task or ritual would often be set for the family to enact between sessions with the same intent – gaining insight into the pattern which led to the problem and introducing different ways of interacting with it. (Imber-Black and Roberts 1992)

In these early stages psychodramatic techniques and theories began to take on a significant dimension in systemic family therapy, even though psychodrama rarely referenced. (De'Ath 1979, Bilson and Ross 1981, Bischoff 1993, Duhl, B 1983, 1986, Chasin and White, 1988, Chasin, Roth and Bograd 1989, Hollander 1983, and Papp 1986).

Family therapy has now passed through several stages of development. (Carr 2000, Dallos and Draper 2000). The early models were developed by pioneer practitioners, usually doctors, many of whom were trained in analysis: Ackerman, Whitaker, Watzlawick, Jackson, Bowen, Minuchin, and the four initial Milan therapists: Boscolo, Prata, Cecchin and Pallazoli were all analytically trained. Some notable exceptions in early theorists were Jay Haley who had degrees in theatre arts and communication before joining the Bateson research project in Palo Alto, and Virginia Satir who first trained as a social worker.

In early family therapy there was a 'truth' to be observed and the therapists aimed to devise a solution and give it to the family. Therapists sought to influence the family through a number of means which might include paradoxical injunctions such as prescribing the symptom, or rituals which might be devised by the therapist to interrupt the problematic communication and allow new kinds of communication to develop.

The influence of psychoanalytic and psychodynamic traditions from which these practitioners came was subtle, as in part the development of systemic practice was a reaction against analysis. The one-way mirror, for instance, now a taken-for-granted piece of equipment in family therapy training and practice, was introduced as a way of distancing the therapy team from the family. The belief was that the family system was so strong that, without the help of the team, the therapist would be absorbed into the family's belief system and become part of it, hence part of the problem. The team was there behind the screen in part to prevent this and in part to figure out what was 'really' going on. The therapist would have a break towards the end of the session to consult the team and would then return to the family to deliver the team's thinking about how they were and what might be helpful to solve their problem.

The second phase of development saw a focus on power: how family members exercised power *and* the power of the therapist. Tom Andersen and his group in Norway (Andersen 1987) introduced a profound change in the way the one way mirror is used by bringing the therapy team out of the darkness behind the mirror and into the therapy room so the family could hear their discussion and deliberations. The focus on the power of the

therapists was an essential and important stage in the development of practice.

Although motivated by high principles this general movement may have led to unforeseen consequences for action in systemic therapy. The therapists' desire to NOT be seen as having 'expert' knowledge of the family, and in a wish to empower families as experts on themselves and having the key to their own solutions became prominent. In some quarters having expertise was seen as an abuse of power. A vociferous section of family therapists began to see any directions given in the session as a potential abuse of power. This had a profound effect on the use of dramatic action in therapy. A great emphasis was then laid on therapeutic conversation. The therapist's greatest skill was in remaining curious, trying to understand the dilemmas facing the family and avoiding giving directions or opinions on the family's state of being.

Nevertheless, the use of dramatic action in family therapy was never completely lost. There is a strong undercurrent which has continued and is now enjoying a resurgence.

In its new phase which is strongly influenced by dialogical philosophy and marks a return to phenomenological thinking, action methods are reappearing in systemic practice as fitting with the experience of *being* and in a spirit of collaboration rather than imposition of power. Later models of family therapy have action as a core part of their technique.

Brief Solution Focused approaches (de Shazer 1991, Berg 1991) invite people to imagine a preferred future. Within solution focused approaches working with children Insoo Kim Berg and Therese Steiner (2003) introduce action methods such as using puppets. In psychodrama, the protagonist is invited to create the preferred future in surplus reality (Moreno et al 2000) on the psychodrama stage.

Narrative therapy uses 'externalisation' as a central technique. This invites the person to separate themselves from the problem. In externalisation the problem is given a life of its own. A detailed description is taken which distinguishes the person from the problem. Family members are engaged to add thicken the description of the problem as separate from the person (Freeman, Epston and Lobovits 1997, White 2007). In this way the family can join together against the problem rather than continue in unhelpful criticism and blame of the problem bearer.

In role reversal (Moreno et al 2000) psychodrama could be seen as similarly inviting an embodied externalisation which may be extremely helpful to

clients exploring how to overcome obstacles placed in the way of progress by problems. More will be said about role reversal and its connection to systemic thinking below.

Attachment based systemic therapy may be emerging as a school in its own right (Dallos 2006, Vetere and Dallos 2009, Crittenden and Dallos, in press 2013). At the moment however they seem to straddle the narrative and experiential approaches, utilising action techniques to explore attachment dilemmas.

Experiential family therapy emerged early in systemic history and is perhaps the most closely aligned with psychodrama. (Satir 1964, Whitaker , Bowen, Chimera, Brown, Farmer, Wilson) Carl Whitaker was a frequent visitor to the Moreno's institute in Beacon New York (Whitaker, 1987). Nathan Ackerman, an early pioneer of family therapy for whom the Ackerman clinic in New York is named and who inspired and supervised the young Salvador Minuchin, was also a contributor to the Morenos' thinking and contributed to Moreno's second volume on psychodrama (Moreno 1959)

Others emerging from a dialogic tradition include action in their work, privileging ideas of embodiment, using metaphor and organising specific interactions in the room. (Bertrando 2007, Bertrando and Gilli 2008)

COMMON PRINCIPLES AND SHARED IDEOLOGY

Core beliefs

At the core of both approaches is a fundamental starting point of seeing human beings as potentially well and healthy. Although the models of development for both have been criticised and subsequently modified for being too westernised or not taking into account cultural variations and variations of family form within cultures, both start from a concept of what is good and healthy about people rather than what is wrong with them and unhealthy.

Bateson and Moreno shared a fundamental belief that everything is connected, that difficulties arise through the interaction of the individual with his/her environment. However they had very different ways of expressing this idea. In the opening words of Who Shall Survive, Moreno states 'A truly therapeutic procedure cannot have less an objective than the whole of mankind' (Moreno 1993). Bateson stressed again and again that

there is a pattern which connects all living things and that paying attention to the pattern rather than the content will lead to understanding.

Cultural conserves and the social construction of realities.

Social constructionism as a branch of philosophy has had a profound influence on family therapy thinking and practice. It seems to have emerged as a separate and discrete branch of philosophy during the 1980's and 90's. It is widely accepted that the basis for it lies in the earlier philosophical traditions of phenomenology. More recently current thinkers within the social constructionist tradition, have had a crucial impact on family therapy (Harre 1998, Gergen 2009 and Shotter 2008). John Shotter, for instance, writes within the systemic press and whilst not a family therapist himself, presents at many systemic conferences around the world working closely with systemic therapists to develop his ideas and there application to systemic practice (Shotter and Katz 2007).

The basic premise of social constructionist thinking is that social phenomena which are held to be 'true' do not exist in a separate space in which truth can be absolute, but are constructed through the practices and strongly held beliefs of the society in which they occur. Hence such things as 'good child care practice' and what is 'good enough parenting' have changed over time as our knowledge and experience increases. For instance, fifty years ago a 'spare the rod, spoil the child' approach would have been considered appropriate in most western societies and harsh discipline would be a sign of healthy child care. Nowadays it would be considered abusive. This change has come about through the development of the meaning attributed to harsh discipline and its effects on children within our social spheres.

How families 'construct reality' and how therapists intervene to help them change that construction has been the subject of a large branch of systemic writing. (McNamee and Gergen 1992, Mason and Sawyerr 2002 Flaskas et al 2005, for instance).

In considering the Co-ordinated Management of Meaning (CMM) (Pearce and Littlejohn 1997, Pearce 2007), communications theorists have attempted to map the way reality is created at different levels of society and the influence of these levels on each other and on change. There are several models of CMM which have all been used in clinical applications in family therapy (Oliver et al 2003).

Well before social constructionism existed as a separate branch of philosophical thought, Moreno developed the idea of 'cultural conserves'.

Although different, there are strong resonances with social constructionism. In the notion of cultural conserves Moreno created a category for things that are created by humans in the context of human culture, be these art, buildings, symphonies or writing. Here he is operating in the what a systemic practitioner might call the domain of production (Lang et al 1990). Cultural conserves become fixed entities. They contain the spontaneity and creativity by which they were created (more of this to come). However he warns that too much emulation of these creations leads to stagnation and the depletion of spontaneity and creativity in our culture. Moreno proposes another category, 'the category of the moment' (Moreno 1977 pg 104) in which he argues that spontaneity can be influenced by cultural conserves, but not bound by them.

Tian Dayton (Dayton 2005) expands the notion of cultural conserve to include the 'personal cultural conserve'. She writes:

> "Understanding the personal conserve of a client can provide a sort of construction from which to work... And in so doing, we can (1) look into where and how this pattern may have begun, (2) understand the relational context in which it got set up in the first place, (3) look at the present day to understand what parallel circumstance triggered the conserved response, i.e., why is he again acting this way in this moment, and (4) look at other possible ways of behaving or responding to these parallel stimuli, i.e. make new, novel and more adequate choices in the here and now?" (Dayton pg 67-68)

This is precisely what CMM aims to map in the realm of systemic practice.

The role of the therapist

All forms of therapy have strong ideas about what the therapist should do and the most helpful attitude the therapist can adopt in order to facilitate change: defining what action on the part of the therapist is most likely to promote change in the client, reduce suffering and increase joy in life.

In systemic practice there has been a long debate about how the therapist should act. The reader may be aware that both systemic psychotherapy and psychodrama arose in large measure as a reaction against psychoanalysis. Jay Haley (1976) and Salvador Minuchin (Minuchin and Fishman 1981) were most vocal on the role of the therapist in early systemic practice. Both these early pioneers believed the therapist needed to be an active catalyst, an agent that interacted strongly with the family in order to interrupt negative interactions and introduce new ones. Because their

thinking was organised by cybernetic models they professed great respect for the family system's ability to re-set its course and become self-regulating again, integrating changes introduced by the therapist in their own unique way.

This is closely akin to how psychodrama sees the role of the director. However the terminology, 'director', does not sit well with us systemic therapists who have developed allergies to anything which sounds like it might be controlling. Moreno originally identified three roles of the psychodrama director. He saw direction in theatrical terms, not as controlling the outcome, but as bringing out the best in the actors. Kellerman (1992) expanded the three roles to include a fourth. To analyst, producer and therapist, the original three roles of Moreno, he has added that of group leader. These complex and inter-related roles have much to offer family therapists in thinking about the development of skills and expertise needed to manage the therapeutic engagement of a family, all with different aims and developmental needs in the room at the same time.

The four roles address themselves to different domains of action in therapy (Lang et al 1990). The producer role is responsible for the form of the therapy and how the therapy is delivered. It can be considered to exist in the domain of aesthetics. The analyst role dwells in the domain of explanation. The group leader role can be seen to reside in the domain of production and the finally the therapist role can be held to be in the domain of healing. Space does not permit a full exploration of these domains of action (Maturana 1988) however it is one area in which psychodrama (the roles of the director) and systemic practice (the domains of practice) might come together to each contribute to the development of therapeutic training and practice.

Use of a therapy team.

Systemic family therapy training is always in the context of a team. Usually a supervision group of four trainees plus a supervisor get together weekly to see families. The trainees are allocated specific families and meet with them in a room which includes a one way mirror. Each session is recorded for the trainee's learning.

The supervisor and remaining trainees act as the therapeutic team. The value of this is many-fold. Looking at the four roles of the therapist above, these can be separated out and allocated within the team. In this way training allows for multiple perspective taking, essential to an approach based on social constructionist and cybernetic views of reality. It enables trainees to develop self-reflexivity: supervision will challenge how the trainee's

personal and professional experience has contributed to their current views on the family in front of them.

In psychodrama, trainees spend substantial time in the early part of training undertaking their own personal therapy through the medium of psychodrama and also learning the skill of taking roles in the dramas of others. This enables perspective taking, self-reflection and personal growth on the part of trainees. It also gives them first-hand experience of receiving the therapy in which they are being trained. This is not possible in systemic practice as trainees cannot experience the method in the context of their own families.

Reflecting teams: multiple meanings/ multiple perspectives.

Since the 1980's there has been a strong move within systemic practice to introduce multiple perspectives. Most notably Tom Andersen and his team in Norway introduced the reflecting team (Andersen 1987). Using this approach the previously private deliberations of the team are shared with the family, either by the family and team changing places or by the team coming into the room and having their deliberations in front of the family. The aim of this is for the team to share how the family's situation resonates with them. There are a number of guidelines for successful reflecting team work. It is not to be used as interpretation or advice giving. It should be jargon free and delivered in plain language. The most useful reflections are deemed to be those which are closely related to the reflector's own experience. They should be brief and not burden the family with further difficulties but contain optimism and hope. Good reflections are honest and help family members to feel understood. These are in the domain of healing.

Psychodramatists will recognise these criteria as similar to the functions of sharing which takes place as part of the psychodrama group process. Following the drama which is usually centred on one individual, the protagonist, the group leader will lead the group in making connections to the protagonist's story: how the protagonist's story has resonated with the rest of the group members. The director will also share from their personal experience. Similar to the reflecting team, the group process is not about giving advice or making a diagnosis, but is a deeper sharing on a personal level. The purpose of this is to reduce the isolation of the protagonist and reinforce the connections of him or her to other people's experience. At its best, the sharing is hope building and confidence boosting. Acknowledgement of the difficulties which connect us to each other can often be a most healing experience.

On the psychodrama stage there is room for multiple meanings which do not cancel each other out but can exist together and be examined in detail.

THOERETICAL CONSTRUCTS IN PSYCHODRAMA AND SYSTEMIC FAMILY THERAPY – CONNECTIONS AND DISTINCTIONS.

Role Theory. When I finished training as a family therapist I felt that whilst I had an understanding of how families change and develop, I did not have a useful enough model to understand individual development which fit with a family systems approach. This was a gap I sought to fill. Finding psychodrama, where the individual's development is understood to arise in particular contexts, was a perfect fit with systemic thinking. Role theory as a model of the development of self is elegant and sits happily with systemic theory. In essence, psychodrama teaches that the self emerges from the roles we take, or are given, in life. Roles arise in a particular context. Our first roles are somatic; we are born into a world which may be more or less welcoming to us and thus have to adjust. The early roles we take depend on how our environment interacts with us. Roles describe *both* what we bring to the role *and* the influence of the environment in the development of the role. That is, the roles we develop are *context* dependent and there is a recursive relationship between the context and the way the role enacted. Moreno defined 'role' as the functioning form of the self in a particular situation. We cannot easily understand the role unless we understand the context. A role is not the whole self: the self emerges from the many roles we have.

The matrix in psychodrama is an interconnected web of relationships into which the individual is thrust and from the interaction with which roles emerge. Family therapists will know that it is axiomatic to systemic thinking that without understanding the context of a person, a situation or an event, we cannot make meaningful sense of a behaviour or problem. Meaning can only be understood by knowing the context in which the person is situated. The Co-ordinated Management of Meaning (CMM) (Cronen et al 1982) arose as a way mapping the complex web of relational meaning in systemic terms. This has been expanded and developed to become central to systemic thinking and practice. It can be used to understand how the roles people take have developed.

In some ways the notion of 'role' is problematic in that it can be taken to mean something phoney or superficial: a pretence. In Morenian terms a role is something much deeper and more fundamental. When one properly takes on a role, one is deeply immersed in a state of being, the characteristics are

truly embodied. In systemic theory John Byng-Hall (1995) used the theatre metaphor to examine family scripts, a way of understanding the expectations of how roles are enacted in families. This is more akin to the way role is understood in psychodrama.

*Spontaneity and Creativity***.** These concepts are as central to psychodrama as the concept of context is to systemic family therapy. In Who Shall Survive? (Moreno 1993/1953) Moreno describes spontaneity and creativity as two related processes which are linked but not identical. He defines spontaneity in a rather mundane way as a novel response to an old situation or an adequate response to a new situation. Moreno's spontaneity is a form of energy. It is a way of being in the here and now without being organized by past experience and the expectation of repetition. A person who feels at home in the world can choose from an array of responses to find the one which best fits the current situation. Where past expectations have been consistently hostile or unhelpful, the person will be organized by those expectations. Such expectations dampen spontaneity.

Spontaneity is the process by which creativity is given form. Moreno taught the importance of spontaneity and the adverse affects of anxiety. Anxiety and creativity exist in inverse proportions: where anxiety is high, creativity is low and vice versa.

Creativity belongs to the realm of substance, the domain of production. Spontaneity is a 'catalyzer', i.e. it belongs to the domain of energy.

In systemic literature spontaneity and creativity are discussed but not explained. Minuchin believed family therapists must become effective parts of the family system from *within* and the therapist must respond to any given circumstances according to the system's rules "whilst maintaining the widest possible use of self" (Minuchin, 1981, p.2).

This dynamic is what Minuchin from a family systems perspective describes as 'therapeutic spontaneity' and he goes further to say "a spontaneous therapist is a therapist who has been trained to use different aspects of self in response to different social contexts." (Minuchin, 1981, p.2)

Whereas Moreno attempted to establish creativity as a scientific from of reference (Moreno 1977) Bateson was content to see creativity as "an explanatory principle." (1972p 45) Here he is referring to a 'lowest common denominator' beyond which things cannot be explained. Though he and other systemic writers refer often to creativity, there is no attempt to define it.

Bateson's theory of restraint has much in common with Moreno's theory of spontaneity and creativity. In this method of explanation Bateson proposes for human beings life brings challenges that intrude, stand in the way and become obstacles to growth. These 'things' he describes as restraints to development. They may be experiences, persons, ideas etc. The task of the therapist is to help the client discover the restraint and overcome it, or go around it. Recently Gill and Sherbersky (2013) have proposed that spontaneity is rediscovered in family therapy and show how it can be used in practice.

Surplus reality

In the realm of spontaneity and creativity anything is possible. Surplus reality is an alternative space where the anything can be brought to life. It can exist in any time, any place and under any conditions. Surplus reality is limited only by the spontaneity and creativity of those bringing it forth.

In systemic practice, although the concept of surplus reality as a separate construct does not exist, there are many techniques which access this creative space. The techniques have evolved with each of the models and are specific to them. They may be specific as to time, such as the future oriented 'miracle question' in solution focused therapy. (de Shazer 1991) They may be past or present focused and accessed through circular or strategic questioning (Tomm 1988). Regardless of the model imagining a changed situation has a healing effect in itself. Concretising it through action fixes it in a way that can be shared with other family members.

Tele and Reflection in Action

Tele in psychodrama is a 'here and now' phenomena which occurs between the participants in any situation. It attempts to describe the exchange of energy which takes place in the interaction between people in the room. This may be in a room of strangers or between people who are known to each other, e.g. a family or an ongoing group. In psychodrama training one is helped to develop the use of one's tele in a similar way to how family therapists develop reflexivity. That is by experiencing a here and now connection with the clients, reflecting on this and integrating it into the use of self of the therapist, in action with clients.

Tele is distinguished from transference in that it is an experience which takes place in the present and is a result of the energy between two or more people. Whilst acknowledgement is given to the possible impact on therapy which the participants bring from past relationships (transference) in both

psychodrama and family therapy the interest is located in the interaction in the present between the therapists and clients.

Points of divergence – what makes connection of the two methods difficult?

A specialist and uncommon language. Bateson and Moreno were nearly contemporaries. Bateson was slightly younger 1904 – 1980, Moreno the more senior 1889 – 1974. Yet it was as if they were trying to make sense of two very different worlds whilst explaining similar phenomena: Moreno operating from a modernist tradition of certainty and 'truth', while Bateson embodied a post modernist stance of uncertainty and multiple perspectives. In Bateson's world there is only difference.

However Moreno's idea of cultural conserves has much in common with the theory of social construction. He says, for instance, that there were many more Mozarts born and in existence than made it to fame – sets of circumstances or contexts come to bear to make things possible in specific ways.

Moreno's use of theatrical language (roles, protagonist, catharsis e.g.) gives psychodrama its particular flavour. In family therapy the specialised language has developed from the early days of cybernetic language (homeostasis, morphogenesis, schizmogenesis etc) through the influence of social construction to the more recent emphasis on dialogical thinking. First year trainees often comment on the amount of jargon in systemic language.

In psychodrama one is often working with the internalised family of the protagonist, brought into reality on the psychodrama stage. In family therapy the real family is there in the room and there are multiple protagonists. There is a skill in achieving relationships with the family such that each member feels the therapist is connected with them and that no member feels undermined or devalued. To my knowledge psychodramatists receive no substantial training on family systems.

OVERLAPPING AND RELATED PRACTICES AND TECHNIQUES

The two approaches share similar techniques, though these are often approached from different directions. In what follows I will look at the three main techniques of psychodrama and how resonances for these are found in systemic practice. They are role reversal, the double and the mirror position.

Role reversal/ internalised other interviewing.

Perhaps the clearest example of the infiltration of psychodrama into family therapy, is the 'discovery' of internalised other interviewing by Karl Tomm in the 1990's (quoted in Burnham 2006) Though in his later writing Tomm gives as part of his inspiration for this development his familiarity with the empty chair technique in gestalt therapy, he apparently was unfamiliar with role reversal in psychodrama. In this technique one member of a couple or family is invited to embody the other in the therapy room and is interviewed as that other person. When the interview is completed, usually after ten minutes or so, the other is given the opportunity to comment on the accuracy and sensitivity of their family member. Thus an opportunity for a) increasing empathy, b) establishing connection and c) giving opportunity for correction of misunderstanding is created in action in the room in a safe and contained way.

Recently Burnham (2006) has written about using the internalised other technique to interview clients as parts of themselves or as qualities and strengths.

This is immediately clear to psychodramatists as role reversal. Zerka Moreno refers to role reversal as 'the engine which drives psychodrama.' In Psychodrama Volume III she lists some 'rules' of psychodrama.

> The protagonist must learn to take the role of all those with whom he is meaningfully related, to experience those persons in his social ato m, their relationship to him and to one another. Taking this a step fu rther still, the [person] must learn to 'become' in psychodrama that which he sees, feels, hears, smells, dreams, loves, hates, fears, reject s, is rejected by, is attracted to, is wanted by, wants to avoid, wants to become, fears to become, fears not to become, etc.
>
> The person has 'taken unto himself' with greater or lesser success, th ose persons, situations, experiences and perceptions from which he is now suffering. In order to overcome the distortions and manifestati ons of imbalance, he has to re-integrate them on a new level. Role reversal is one of the methods p ar excellence in achieving this, so that he/she can re-integrate, redigest and grow beyond those experiences which are of negative impact, free himself and become more spontaneous along p ositive lines. (Moreno and Moreno 1969/1975 p. 238)

Role reversal, when used correctly, can be the most powerful of techniques for promoting reflection and change. When using it in families, one needs to exercise caution that the person doing the reversal is able to take another's

perspective even for a short time. There should be an atmosphere of trust and safety, otherwise it can be used as a platform from which to attack the other family member. Some general guidelines for family therapists for whom the method is unfamiliar are as follows:

- Never (except under very specialised circumstances) reverse roles with someone who has perpetrated abuse or who has clear ill-will towards the person reversing.
- Always end the exercise in the person's own role: thoroughly de-role from the other.
- Always give the opportunity for discussion of the process: what it was like to be the other person, how the other person also experienced seeing themself.

This technique can be used effectively and playfully in families with even quite young children. It can be helpful when interviewing the parent as the child to recruit the child as a temporary co-therapist, asking him or her to sit next to the therapist and even to help the therapist with the questions. The physical proximity to the therapist can be containing for the child who may have a problem saturated view of him/herself and the problem.

Doubling: the strong inner voice.

In a psychodrama group, as in a family, there is no such thing as a dispassionate or neutral observer. Everyone is involved. Involvement may be from being centre stage as the protagonist, taking a role, or from the audience position. Like the audience in Greek tragedy, the psychodrama audience is emotionally involved in the drama. We identify with the hero or heroine and are moved to action. At times during a psychodrama an audience member may be spontaneously moved to 'help' the protagonist by offering a double statement. At other times the protagonist may be stuck and the director may ask the group if anyone is able to offer a doubling statement. Sometimes a double can be assigned by the director to remain with the protagonist during the whole of the drama. The double comes forward, usually places their hand on the protagonist's shoulder (with permission) and speaks as if they are the person. The director then asks the protagonist to accept or correct the double statement by putting it in their own words. The drama moves on.

There are two main types of double in psychodrama. The classical double helps the protagonist get unstuck by deepening the emotional intensity of the scene. The containing double (Hudgins 2002) helps the protagonist where fear or trauma is impeding progress. The containing double anchors

the experience in the here and now, to prevent uncontrolled triggering of trauma and help the protagonist to safely confront the fear.

There are times in family therapy when things get stuck, people don't know what to say to each other, feelings run high, some voices are silenced. There is a danger that unhelpful patterns can re-emerge and the family can feel tempted to go back into an uncomfortable and unhealthy place. At these times the psychodramatic double can be very helpful for maintaining progress, re-establishing the wish for more satisfying relationships and help family members to be better understood. The containing double is particularly helpful in situations where there is an in-built imbalance of power, such as in families with young children or in situations such as in the opening vignette to this chapter. It grounds the person in the present and gives permission to take the risk of saying something difficult. It also allows contradictions to exist without cancelling each other: the both/and of which family therapists are fond.

The mirror position.

This is the third and final technique which I will explore in this chapter. Of course there are many more psychodramatic techniques which are used, but unfortunately space does not permit more exploration.

In the mirror position the protagonist is taken outside of the action to view it from a different position. Such perspective taking helps the client to see possibilities which might not be obvious from within the action.

In some respects the reflecting team fulfils this function. If done well it identifies ways in which the problem and the general situation can be seen differently and enables different solutions to be tried.

I have also used the mirror position with families in a family sculpt, a tried and tested action method in use with families since the beginning of family therapy (Satir 1964, Burham 1986) and also used in psychodrama. One person is taken out of the sculpt to view it from a different part of the room. The therapist or a large toy or a chair can hold the place of the person who is viewing the creation. Observations are then invited from the mirror position.

The mirror position is also attainable through hypothetical, particularly embedded suggestion, questions (Tomm1988) such as 'if you were to think of yourself as someone who could turn to face the rest of the family, how would that change your relationships?' It might be helpful to then enact that change. There are many possibilities, again only limited by the spontaneity of the family and the ability of the therapist to respond spontaneously to feedback.

CONNECTING THE TWO METHODS: SYSTEMIC FAMILY PSYCHODRAMA?

Some issues and dilemmas

Risk taking and safety. In a stranger group participants have more freedom to take risks and try out new ways of being. In a family, there are ongoing relationships to consider – what happens in a family therapy session cannot, by definition, be confidential to the individual. It is a shared experience for the family who have an ongoing relationship with each other. Once undertaken, words and actions cannot easily be undone.

It is essential therefore that a spirit of playfulness and experimentation be established. Without this, spontaneity and creativity are left floundering. Sufficient safety must be built in order for the family to enter into the spirit of cooperative mutual exploration. This is not always easy when feelings run high.

The therapist introducing action might undertake it as a collaborative and experimental exercise. 'I've got this whacky idea but it might be helpful…' In my experience, families who genuinely come for help are willing to take some risks and even find it fun.

The power of psychodrama. Psychodramatic techniques, as anyone who has experienced them on the receiving end will appreciate, are very powerful. They 'surprise the mind' and people frequently report achieving insights in action they have not gained in talking therapy alone. This can be both a blessing and a curse. As some family therapists have discovered (Burnham 2006) role reversal, or internalised other interviewing can be used in a very wide way to reverse not only with other people but with parts of self, internal qualities and inanimate objects. The scope is limited only by the imagination of the participants. I remember several significant role reversals of my own. In one I was asked to reverse roles with the note my 12 year old daughter had left on the kitchen table. The reader will not be surprised to find there was a lot more in the note than was written in the words. In another I was asked to take the role of the protagonist's sick kidney. Both of these were extremely meaningful and memorable as real experiences I shared with a group where I and other's felt safe. These experiences and many more were integrated into my personal growth and development.

What the two approached have to offer each other.

I hope it is evident from the forgoing that psychodrama and systemic family therapy have much to offer each other. Family therapy can offer

psychodrama a well developed theory of interpersonal relationships and how patterns of interactions develop and are sustained. Psychodrama offers family therapists a theory and practice of the healing power of action in therapy: how it works and when to use it.

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